

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29913**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7201**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7201</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>		<b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific</b>				d. STREET ADDRESS (If rural, give location) <b>522A Missouri</b>			
3. NAME OF DECEASED a. (First) <b>William</b>		b. (Middle) <b>Perry</b>		c. (Last) <b>Pratt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 10, 1901</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 YRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Maintenance Foreman</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Elkville, Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thos. A. J. Pratt</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Emma Fulton</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice Downs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-12-5934</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Pratt</b> ADDRESS <b>East St. Louis, Ill</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>Second to sixth</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>163X</b>			
22. I hereby certify that I attended the deceased from <b>April 27, 1952</b> , to <b>July 26, 1952</b> , that I last saw the deceased alive on <b>July 25, 1952</b> , and that death occurred at <b>2:22 A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry H. Chesley, Jr.</b> (Degree or title) _____				23b. ADDRESS <b>Two Pop. Hosp. St. Louis</b>		23c. DATE SIGNED <b>July 24, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 29, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill</b>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Chas Burke</b>		ADDRESS <b>East St. Louis, Ill</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Chas M. Burke*

Licensed Embalmer No. 2421

P. O. Address E. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.