

31362

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

XC 1809 97 29  
R 9744 SL 1650

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7827**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>915 N Grand St Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>55 Days</b>	c. CITY OR TOWN <b>Bonne Terre</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital.</b>		STREET ADDRESS (If rural, give location) <b>411 N. Division</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DENNIS</b>	b. (Middle) <b>J</b>	c. (Last) <b>PRATTE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-6-55</b>		
---	----------------------	-------------------------	--	--	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>10-9-89</b>	9. AGE (In years last birthday) <b>65 yrs.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	--	------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	--	--	--

13a. FATHER'S NAME <b>Oliver B. Pratte</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Newman</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>	16. SOCIAL SECURITY NO. <b>497051045</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	ADDRESS
---	---	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchogenic Carcinoma</b>		<b>2 yrs</b>
	DUE TO (c) - - - -		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema</b>		<b>2 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>- - - - - 162x -</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>- - -</b>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>V.A. m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>- - -</b>
---	--	--

22. I hereby certify that I attended the deceased from **7-13**, 19**55**, to **9-6**, 19**55**, and that death occurred at **8:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Westphaelinger, M.D.</b>	23b. ADDRESS <b>VAH 915 N. Grand St Louis 6, Mo.</b>	23c. DATE SIGNED <b>9-6-55</b>
--	---	-----------------------------------

24a. DATE OF REMOVAL <b>9-6-55</b>	24b. NAME OF CEMETERY OR CREMATORY <b>Westphaelinger, M.</b>	24c. LOCATION (City, town, or county) (State) <b>Bonne Terre, Missouri.</b>
---------------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>SEP 6 1955</b>	REGISTRAR'S SIGNATURE <b>Albert H. Hoppe</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1935

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 .....  
Signature of Student Embalmer

Signed *Elton H. Penelux* .....

Licensed Embalmer No. *428*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.