

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11274**

**FILED APR 2 - 1956**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2678**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  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>2-weeks</b>  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b>  d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>4571 Harris Ave.</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>John</b> b. (Middle) <b>R</b> c. (Last) <b>Pracchia</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 14 - 1956</b>
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<b>5. SEX</b> <b>M.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>March 7 - 1873</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Abestos Worker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Abestos Worker</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Italy</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John Pracchia</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rosa Mickalina</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henrietta Pracchia</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Henrietta Pracchia 4571 Harris Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Parkinson's Disease</u> <b>Arkinson's Disease</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) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2-3 yr</b>  <b>3-4 mo</b>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Decubitus Ulcers, severe</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>350x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2-29, 1956, to 3-14, 1956, that I last saw the deceased alive on 3-14, 1956, and that death occurred at 6 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Geo. F. Donley Geo. F. Donley M.D.</b>	<b>23b. ADDRESS</b> <b>2739 No. Grand 2739 N. Grand</b>	<b>23c. DATE SIGNED</b> <b>3-15-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>24b. DATE</b> <b>3-17-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 15 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Charles Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Arthur J. Donnelly</i> <b>3840 Lindell Blvd</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williams*.....

Licensed Embalmer No. *3*  
P. O. Address *3840*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.