

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15010**

FILED APR 27 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>977</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>27 years</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7363 Olive Street Road</b>				e. STREET ADDRESS (If rural, give location) <b>7363 Olive Street Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>			b. (Middle) <b>G</b>		c. (Last) <b>PRATER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13th, 1956</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>April 13, 1865</b>		9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>self-employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>contracting</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Woodbury, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNK Prater</b>			13b. MOTHER'S MAIDEN NAME <b>Sandre Stanfield</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Agnes Voellinger Prater</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>487-38-4218</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Bradley Prater 7363 Olive Street Rd.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis</b>  ANTECEDENT CAUSES <b>Benign Prostatic Hypertrophy</b> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>610X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 1954</b> , to <b>April 13, 1956</b> , that I last saw the deceased alive on <b>Apr. 13, 1956</b> and that death occurred at <b>9-30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. R. Lupton M.D.</b> (Degree or title)				23b. ADDRESS <b>4161 Leander</b>		23c. DATE SIGNED <b>4-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenmont Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>		
DATE REC'D BY LOCAL REG. <b>4-14-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Rombe M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons 7233 Delmar Blv'd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Clarence A. Mur*.....

Licensed Embalmer No. *401*.....

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.