THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003747
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 183

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. County Hosp. — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Creve Coeur 4000 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6 Mary Meadows — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: JACK Middle: E Last: PRATT

4. DATE OF DEATH Month: Jan. Day: 18 Year: 1959

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov. 22, 1917

9. AGE (In years last birthday) 41 — 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) Hardware Store

10b. KIND OF BUSINESS OR INDUSTRY Human Brothers

11. BIRTHPLACE (City and state or country) Des Moines, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Pratt

14. MOTHER'S MAIDEN NAME Sceina Cramme

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY NO. 482-09-6559

17. INFORMANT Mrs. Esther Pratt — Address 6 Mary Meadows Creve Coeur

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 8:42A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Murphy M.D. (Degree or title) John C. Murphy MD Acting Health Commissioner

22b. ADDRESS 801 S. Brentwood Clayton, Mo.

22c. DATE SIGNED 1/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 1/20/59

23c. NAME OF CEMETERY OR CREMATORY Des Moines City Cem.

23d. LOCATION (City, town, or county) (State) Des Moines Iowa.

24. FUNERAL DIRECTOR C.R. Lupton and Sons — ADDRESS 7233 Delmar

25. DATE RECD. BY LOCAL REG. 1-19-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 40

P. O. Address H. Lauc

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.