7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37948

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 56

94 2 1

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
29 St. Josephs Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois 2
(c) City or town Bonne Terre 1
(If outside city or town limits, write "RURAL")
(d) Street No. 29 St. Josepha
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AUSTIN E. PRATTE
3. (b) If veteran, name war
3. (c) Social Security No. ####
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Catherine Pratte
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 3rd (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business St. Joseph Lead Co.
FATHER
12. Name Louis B. Pratte
13. Birthplace E. Bonne Terre (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Sarah Gibbons
15. Birthplace De Soto (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs Catherine Pratte
(b) Address Bonne Terre, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director Benham Undertaking Co.
(b) Address 313 Benham St., Bonne Terre, Mo.
19. (a) Nov. 7, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5-th
year 1942 hour 6 minute 9 M.
21. I hereby certify that I attended the deceased from Nov 5th, 1942 to Nov-5-, 1942
that I last saw him alive on Nov-5th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration half hr
Due to unknown
Due to
Other conditions (Include pregnancy within 3 months of death) 94A
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. E. Evans (M. D. or other)
Address Bonne Terre Mo Date signed 11-5-42

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1441

Date Filed 12-8-42.

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~~ Eleuan Province, ~~Registered Apprentice No.~~ ~~working under my personal supervision~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, Missouri

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.