S. No. 2
M—8-43
5-17-39
P I X37823

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

6006

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7056

FILED MAR 7 2 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 457

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3214-Marvin Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3214-Marvin Avenue 1
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Franklin T. Pratt

3. (b) If veteran, name war None

3. (c) Social Security No. 487-07-0410

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Rosa

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb (Month) 4 (Day) 1882 (Year)

8. AGE: Years 64 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 1

10. Usual occupation Janitor

11. Industry or business St. Johns Baptist Church

FATHER
12. Name William Pratt
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Marietta Randolph
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Rosa Pratt
(b) Address 3214-Marvin Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 2-23-46 (Date received local registrar) (b) E. G. McGannon M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1946 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 21, 1946 to Feb 18, 1946
that I last saw him alive on Feb 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery Heart Disease	5 yrs
Due to 94	
Due to	
Other conditions (Include pregnancy within 3 months of death): Infection left index finger	

Major findings:
Of operations None
Of autopsy None

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 Maurice Dolin (M. D. or other) MD
Address 8924 St Cloud Rd Date signed 2/20/46
St Louis Co, Mo.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harold K. Brown

Licensed Embalmer No. 4337

P. O. Address Overland,

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.