

S. No. 2
M-5-43
5-17-39
I X36671

STANDARD CERTIFICATE OF DEATH

State File No. 18799
4916
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town ST Louis
(c) Name of hospital or institution Home 144 Trudeau St.
(d) Length of stay: 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(d) Street No. 144 Trudeau st
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jerry Pratt
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color of race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
7. Birth date of deceased unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 29 year 1946 hour 4:10 minute P.M.
21. I hereby certify that I attended the deceased from March 20 to 22 1946
that I last saw him alive on May 29th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years About 66
9. Birthplace Miss
10. Usual occupation Laborer

Immediate cause of death Chronic Bronchitis
Due to Caught coe
Due to Exposure
Other conditions none
Major findings: no operations
Of operations
Of autopsy no

11. Industry or business
12. Name Jessie Pratt
13. Birthplace Miss
14. Maiden name Unknown
15. Birthplace Unknown

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

16. (a) Informant Joseph Pratt
(b) Address 211 so second st
17. (a) Burial (b) Date thereof June 3-46
(c) Place: burial or cremation Father's cemetery
18. (a) Signature of funeral director J.W. Hughes
(b) Address 2620 Lawton Blvd
19. (a) JUN 2 1946 (b) J.F. Bredeck

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature W.A. Hines (M.D. or other)
Address 1544 A, 50th way Date signed 5/31/46

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Clark Young
3371

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 this body is not embalmed, fact should be so stated above.