

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2970

Registrar's No. 26

Registration District No. 318

Primary Registration District No. 100A

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, (8)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 275 Union Boulevard  
12 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Walter Eugens Pratt

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha E. Pratt  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased December 4, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 0 28 hr. min.

9. Birthplace Mass.  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Mng'r, Dupont Company.

11. Industry or business Retired 19 years.

12. Name Henry F. Pratt.  
13. Birthplace New Grafton, Mass.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Freeman.  
15. Birthplace As above  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha E. Pratt.  
(b) Address 275 Union Blv'd.,  
Shipment.  
17. (a) Shipment. (b) Date thereof 1/3/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cleveland, Ohio.

18. (a) Signature of funeral director C. R. Lupton & Sons.  
(b) Address #7233 Delmar Blv'd.  
19. (a) JAN 3 1948 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1948 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 19  
1947, to January 1, 19 48  
that I last saw him alive on January 1, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to Arteriosclerotic cardio-vascular disease

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy None performed  
As above - Coronary Thrombosis.

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 HC Bradley (M. D. or other)  
Address Barnes Hospital, Date signed 1/1/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

MAR 9 1948

JAN 20 1948

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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

*Clarence A. Murray*

Licensed Embalmer No.

*4011*

P. O. Address

*St. Louis, Mo.*

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.