

FILED APR 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9895

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 99

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre

(c) Name of hospital or institution:  
105 Junin St 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre

(d) Street No. 408 N. Collins

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME PETER BYRON PRATTE SR.

3. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1948 hour 1 minute 35A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

7. Birth date of deceased: Oct 4 1885

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 9, 1945 to March 19, 1948

that I last saw him alive on March 19, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage Duration 4 1/2 hrs.

Due to Hypertensive vascular disease 6-8 yrs.

9. Birthplace: Bonne Terre Missouri

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retired

Major findings: 938

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Henry Pratte

13. Birthplace Bonne Terre Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Richardson

15. Birthplace St. Francois Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Miss Veronika Johnson

(b) Address 105 Junin Bonne Terre

17. (a) Burial (b) Date thereof 3-21-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Benjamin Rudloff

(b) Address 313 Benjamin Bonne Terre Mo

19. (a) 4/3-48 (b) Ether Rudloff

(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. L. Now (M. D. or other) M.D.

Address Bonne Terre Mo Date signed 3/23/48

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

4  
2  
1

RECEIVED

Health Officer No. 4

448-427

4-5-48

Apprentice

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

*Jim Counts*

Registered Apprentice No. *95*

working under my personal supervision.

Signed *Clarence J. Claywell*

Licensed Embalmer No. *3006*

P. O. Address *Gene Terre 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.