

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1811

State File No. ....

FILED FEB 15 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DeSoto Valle</b>		c. LENGTH OF STAY (in this place) <b>6 Yrs.</b>		c. CITY OR TOWN <b>DeSoto</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 1 DeSoto</b>				e. STREET ADDRESS (If rural, give location) <b>Route 1</b>							
3. NAME OF DECEASED (Type or Print) <b>ADELBERT</b>			a. (First) <b>E.</b>		b. (Middle) <b>PRATT</b>		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1 1954</b>		5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 9, 1892</b>			
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist-Pittsburgh Plate Glass Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Chicago, Ill.</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Pratt</b>			13b. MOTHER'S MAIDEN NAME <b>Pauline Norden</b>			14. NAME OF HUSBAND OR WIFE <b>Mathilda W. Pratt</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mathilda W. Pratt</b>		ADDRESS <b>Route 1, DeSoto, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease, with myocardial insufficiency.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 years.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>arteriosclerosis of coronary arteries, 3 years.</b>				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>Jan 1953</b> , to <b>Feb. 1, 1954</b> , that I last saw the deceased alive on <b>Jan 23, 1954</b> , and that death occurred at <b>9:30 A.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>			23b. ADDRESS <b>DeSoto, Mo.</b>			23c. DATE SIGNED <b>Feb. 1, 1954.</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>Feb. 4, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>					
DATE REC'D BY LOCAL REG. <b>2-5-54</b>		REGISTRAR'S SIGNATURE <b>Marie Parrie</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.,  
HILLSBORO, MISSOURI

DATE RECEIVED FEB 8 1954

FEB 13 1954

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storrs*

Licensed Embalmer No. *40*  
*4228 Smit*  
P. O. Address *Kingway*  
*St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.