

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 32108  
Registrar's No. 8329

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8329</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</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 (If not in hospital or institution, give street address or location) <b>5095 Union Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>5095 Union Ave.</b>				<b>20790</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALEXANDER</b>		b. (Middle) <b>V.</b>		c. (Last) <b>PRATZKI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8th, 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 14, 1904</b>		9. AGE (In years last birthday) <b>50</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boat &amp; Dye</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carberator</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Alexander Pratzki</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Susie Pratzki</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Susie Pratzki</b>					ADDRESS <b>5095 Union Avenue.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary emboli</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of liver</b> DUE TO (c) <b>nutritional deficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial disease</b> <b>arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> <b>5 yrs</b> <b>10 yrs</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>							
22. I hereby certify that I attended the deceased from <b>Mar 10, 1949</b> , to <b>Sept. 8, 1954</b> , that I last saw the deceased alive on <b>Sept 7, 1954</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>D. J. Verda M.D.</b>				(Degree or title) _____				23b. ADDRESS <b>4500 Olive</b>		23c. DATE SIGNED <b>9-8-54</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-11-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhalla</b>		24d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>		(State) _____			
DATE REC'D BY LOCAL REG. <b>SEP 10 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>JOHN STYGAR and SON FUNERAL HOME</b>		ADDRESS <b>554 Riverside Bl.</b>				

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

*Verda*

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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..... *J. Allen Davis*  
Licensed Embalmer No..... *49*  
P. O. Address..... *St. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.