

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41731**

FILED JAN 4 - 1956

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 385			
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bonne Terre		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 Center Street				e. STREET ADDRESS (If rural, give location) 305 Center Street 0940					
3. NAME OF DECEASED (Type or Print) a. (First) Peter Henry Pratte			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 6, 1881		9. AGE (In years last birthday) Months Days 74 4 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve County, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Peter Henry Pratte			13b. MOTHER'S MAIDEN NAME Rena Jennis			14. NAME OF HUSBAND OR WIFE Emma Pratte			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-039751		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Pratt, Bonne Terre, Mo.					
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) Arterio sclerosis INTERVAL BETWEEN ONSET AND DEATH 10 1/2 yr ANTECEDENT CAUSES unif. arteriosclerosis DUE TO (b) unif. arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 4500 Conditions contributing to the death but not related to the disease or condition causing death.						19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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 (Month) (Day) (Year) (Hour) OF INJURY		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 Dec 15, 1955 , to Dec 26, 1955 that I last saw the deceased alive on Dec 24, 1955 and that death occurred at 1030 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE P. J. Evans M.D. (Degree or title)				23b. ADDRESS Bonne Terre Mo			23c. DATE SIGNED 12-27-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/55		24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.			
DATE REC'D BY LOCAL REG. Dec 27, 1955		REGISTRAR'S SIGNATURE Esther Rudloff 289		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks Funeral Home, Bonne Terre Burial					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ewert Sparks*.....

Licensed Embalmer No. *420*
P. O. Address *Bonne Terre*

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.