

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6913

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hospital			d. STREET ADDRESS (If rural, give location) 2920a Missouri Ave.		
3. NAME OF DECEASED (Type or Print) PASCHAL		a. (First) L.	b. (Middle) PRENTICE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2nd 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24th 1911	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 8
IF UNDER 1 YEAR Days 9	IF UNDER 1 HRS. Hours 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James M. Prentice		13b. MOTHER'S MAIDEN NAME Susan Coleman		14. NAME OF HUSBAND OR WIFE Vesta Prentice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vesta Prentice 2920a Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carbon monoxide poisoning -	ANTECEDENT CAUSES while occupying tourist cabin				8906
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in which butane gas heater was burning.				16
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) tourist cabin	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood (rural) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 2 51 A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <i>Arnold J. Willmann</i> Coroner		23b. ADDRESS 3 Clayton, Mo.		23c. DATE SIGNED 2/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-51	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. 2/4/51	REGISTRAR'S SIGNATURE <i>Herbert R. Lomka</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 So. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1952

MAR 6

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Edwin A. McDevitt* .....

Licensed Embalmer No. *3024* .....

Signed.....  
Student Embalmer

P. O. Address.....

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.