

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39129**
Registrar's No. **9935**

XC # **429 42 51**
REG # **3030**
ST. # **2189**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. GRAND, ST. LOUIS, MO.)		c. LENGTH OF STAY (If applicable) 78 DAYS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 23 1921 SENATE AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) LYNN b. (Middle) O. c. (Last) PREWETT			4. DATE OF DEATH (Month) (Day) (Year) 11-1-54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-7-07	9. AGE (In years last birthday) 47	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR		10b. KIND OF BUSINESS OR INDUSTRY CONFECTIONERY		11. BIRTHPLACE (City and State or Foreign Country) EMINENCE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS PREWETT		13b. MOTHER'S MAIDEN NAME STELLA CHILTON	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES WWII		16. SOCIAL SECURITY NO. 486-21-4120	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS MISSOURI	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIFFUSE CARCINOMATOSIS		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) BRONCHOPNEUMONIA AND PYLONEPHRITIS		INTERVAL BETWEEN ONSET AND DEATH 5 Mos.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) CARCINOMA OF THE BLADDER DUE TO (c)			
19a. DATE OF OPERATION 9-14-54		19b. MAJOR FINDINGS OF OPERATION INOPERABLE CARCINOMA OF BLADDER		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X	
22. I hereby certify that I attended the deceased from 8-17-54 , 19___, to 11-1-54 , 19___, that I had seen the deceased and that death occurred on the date stated above. and that death occurred at 5:00 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE H. F. Westphalinger (Deputy Registrar)		23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 11-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-4-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 3 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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.....
David Van Toren

Licensed Embalmer No. *1942*

P. O. Address *632nd St*

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.