

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38750  
State File No. 10275  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		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>Alexian Brothers Hospital</b>			
e. STREET ADDRESS <b>27 3933 S. Broadway</b>		(If rural, give location) <b>22490</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bro.</b>	b. (Middle) <b>Calixtus</b>	c. (Last) <b>Prahl</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Nov. 24, 1955</b>
-------------------------------------	------------------------	-----------------------------	------------------------	---------------------------------------	----------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Apr. 1, 1872</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Months <b>7</b> Days	11. IF UNDER 24 HRS. Hours <b>23</b> Min.
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dont Know</b>	12. CITIZEN OF WHAT COUNTRY? <b>UNKNOWN</b>
--	---	---	---

13a. FATHER'S NAME <b>Andrew Prahl</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bargel</b>	14. NAME OF HUSBAND OR WIFE <b>None</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>Bro. Ronald</b>	ADDRESS <b>3933 S. Broadway</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		INTERVAL BETWEEN ONSET AND DEATH <b>about 6 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart Disease</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>420-0</b>	20. AUTOPSY? YES <input 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) (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 **10-31-**, 19 **53**, to **Nov. 23**, 19 **55**, that I last saw the deceased alive on **Nov. 22**, 19 **55** and that death occurred at **4 PM** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>	23b. ADDRESS <b>3606 S. Grand</b>	23c. DATE SIGNED <b>11-25-55</b>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 26</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>NOV 25 1955</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas J. Finan</b>	ADDRESS <b>1519 S. Grand</b>
---	--	---	------------------------------

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

Student.....  
Signature of Student Embalmer

Signed *Elton R. Penelias*.....

Licensed Embalmer No. *429*.....

P. O. Address *St. Louis*.....

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.