

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008963  
STATE FILE NUMBER  
376

FILED APR 15 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 409 South 31st		d. STREET ADDRESS (If outside, give location) 409 South 31st	
3. NAME OF DECEASED (Type or print) First Middle Last Felix Andrew Prawitz		4. DATE OF DEATH Month Day Year April 2, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (15) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Auto & Carriage	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
13a. FATHER'S NAME Louis A. Prawitz		13b. MOTHER'S MAIDEN NAME Lena Von Arx	14. NAME OF HUSBAND OR WIFE Amelia Prawitz
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. None	17. INFORMANT Address City Amelia Prawitz 409 So. 31st City
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>2</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1952</i> to <i>4-2-58</i> and last saw her alive on <i>3-30-58</i> Death occurred at <i>9:40 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write title) <i>Amelia C. Prawitz</i>		22b. ADDRESS <i>4500</i>	
22c. DATE SIGNED <i>4-4-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR <i>Herman W. Sidenfelm</i>	25. DATE RECD. BY LOCAL REG. <i>April 4, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Woodell</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

*Sumner*

**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 *Robert H. Gaylor* .....  
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo. ....

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.