

**FILE** FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **6542**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1218**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 d. STREET ADDRESS (If rural, give location) **2832 Bernard**

**3. NAME OF DECEASED**  
 a. (First) **Jack** b. (Middle) \_\_\_\_\_ c. (Last) **Prowell**  
**4. DATE OF DEATH** (Month) (Day) (Year) **Feb. 1 1951**

**5. SEX** **Male** **6. COLOR OR RACE** **negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widow** **8. DATE OF BIRTH** **unk** **9. AGE** (In years last birthday) **att-79**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **ret** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) **Miss** **12. CITIZEN OF WHAT COUNTRY?** \_\_\_\_\_

**13a. FATHER'S NAME** **William Prowell** **13b. MOTHER'S MAIDEN NAME** **unk** **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Gregory Adams** **ADDRESS** **2832 Bernard**

**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, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Arteriosclerotic Heart Disease**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
 DUE TO (b) **Undetermined**  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS\***  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**Pulmonary Fibrosis and Chronic Emphysema**  
**INTERVAL BETWEEN ONSET AND DEATH** **Undet.**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **H-200**

**22. I hereby certify that I attended the deceased from** **1-31**, 19**51**, to **2-1**, 19**51**, that I last saw the deceased alive on **2-1**, 19**51** and that death occurred at **6:35 a.m.**, from the causes and on the date stated above.

**23. SIGNATURE** (Degree or title) **Larson M.D.** **23b. ADDRESS** **2601 N Whittier St** **23c. DATE SIGNED** **2-5-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **burial** **24b. DATE** **2-7-1951** **24c. NAME OF CEMETERY OR CREMATORY** **Greenwood Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Mo**

**DATE REC'D BY LOCAL REGISTRAR** **FEB 7 1951** **REGISTRAR'S SIGNATURE** **J B Carter** **25. FUNERAL DIRECTOR'S SIGNATURE** **Atkins** **ADDRESS** **3644**

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

RE: I .

**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

*Louis V. Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finley

**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.