

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**43300**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis, Mo.** (No. **Mo. Baptist Sum.**) St. .... Ward)

File No. ....  
Registered No. **12608**

**2. FULL NAME**

**Andrew G. Probst**

(a) Residence. No. **1910 N. 14<sup>th</sup> St.** St., **26** Ward. (If nonresident give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alice Probst**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 6 - 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 4 17**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Private Watchman**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

10. NAME OF FATHER **Christian Probst**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany.** (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Regina Buehlin**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany.** (STATE OR COUNTRY)

14. INFORMANT **Alice Probst** (Address) **1910 N. 14<sup>th</sup> St.**

15. FILED **DEC 25 1928** REG. **W. C. Stanley**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 23<sup>rd</sup> 1928**

17. I HEREBY CERTIFY That I attended deceased from **Dec 10<sup>th</sup> 1928** to **12/23 1928** that I last saw h. l. ... alive on **12/23 5:50 P.M.** 1928, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Left Lobar Pneumonia**  
**Splenic (Septicemia)**  
**Diabetes Mellitus**  
57 (duration) yrs. mos. ds.  
CONTRIBUTORY **Amputation of left leg** (SECONDARY)  
**Diabetic Gangrene** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IS NOT AT PLACE OF DEATH. **at home**

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **12/18/28**  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Blood Culture**  
(Signed) **Coren G. Barlow**, M. D.  
, 19 (Address) **710 Mississippi Bldg St. Louis, Mo**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla** DATE OF BURIAL **Dec 26 1928**

20. UNDERTAKER **W. C. Stanley** ADDRESS **1417 N. Market St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

