

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

Do not use this space.

25331

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 1438) Manville Place St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7564

**2. FULL NAME**

Mrs. Christina Proos  
 (a) Residence. No. 1438 Manville St. 6 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 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 John H. Proos  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 1872  
 7. AGE YEARS MONTHS DAYS / If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 | 5 | 19 |  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer At. Home

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Hermana Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Nurretta Wagner  
 (Address) 1438 Manville Place

15. FILED 29 1930 W. C. Stoker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/3/30 to 7/3/30 that I last saw her alive on 7/27, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute dilatation of Heart.  
131  
92A  
95B

CONTRIBUTORY (SECONDARY) Mitral Regurgitation and chr. nephritis (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

9. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS Urine  
 (Signed) E. H. Simpson, M. D.  
7/28 1930 (Address) 3729 Gravois ave

\*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 Memorial Park DATE OF BURIAL July 30 1930

20. UNDERTAKER Frederichs ADDRESS 1228 S. Kingshighway

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.

Dr. [unclear]  
Spring & Summer