

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

Do not use this space.

40583

File No. \_\_\_\_\_  
Registered No. 63 St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
County St. Louis Registration District No. 786  
Township Central Primary Registration District No. 469  
City Waplwood (No. 3322 Cambridge Ave) St. \_\_\_\_\_ Ward)

2. FULL NAME Fred Proehl  
(a) Residence. No. 3322 Cambridge St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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 Wary Proehl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 9 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer. City St. Louis MO

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

10. NAME OF FATHER C. H. Proehl

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

12. MAIDEN NAME OF MOTHER Margaret Proehl

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

14. INFORMANT Wary Proehl  
(Address) 3322 Cambridge Ave

15. FILED 12/10, 1930 Mercedes Schaefer  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6<sup>th</sup> 1930 to Dec 9<sup>th</sup> 1930 that I last saw him alive on Dec 5<sup>th</sup> 1930, and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Medical resurgitation.  
924  
12/11

(duration) yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY) 900  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) P. M. Brown, M. D.

\*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.

(Address) 3500 Cambridge

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles DATE OF BURIAL Dec 11 1930

20. UNDERTAKER W. C. Schubert  
ADDRESS 4234

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.

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