

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

Do not use this space.

41222

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St Louis (No. 3421 Park Ave)

File No.....  
Registered No. 11891  
St. 18 Ward)

**2. FULL NAME**

Katie Probst  
(a) Residence. No. 3421 Park Ave St. 18 Ward.

(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 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 Fredrick A Probst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>66</u>	<u>6</u>	<u>3</u>	

8. OCCUPATION OF DECEASED 82A  
(a) Trade, profession, or particular kind of work Housewife 82D  
(b) General nature of industry, business, or establishment in which employed (or employer) at Home 97  
(c) Name of employer

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

10. NAME OF FATHER Carl Fleisch

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

12. MAIDEN NAME OF MOTHER Henriette Brunm

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

14. INFORMANT Fredrick A. Probst  
(Address) 3421 Park Ave

15. FILED 2021 May 11 1930 W. C. Standley REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1930

17. I HEREBY CERTIFY, That I attended deceased on Jan 12, 1916, to Dec 20, 1930 that I last saw her alive on Dec 19, 1930 and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hemorrhage 10 days ago  
2 strokes one day  
Cerebral Hemorrhage Apoplexy  
(duration) 10 yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED at Home

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symp toms

(Signed) Edward Probst M. D.

12/20/30 (Address) 1504 So Grand

\*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 DATE OF BURIAL

New St. Markus Cemetery 12/20 1930

20. UNDERTAKER ADDRESS

Petty Bros. Undertakers 307 9th 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.

