

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

Do not use this space.

6132

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1013
City St Louis Mo (No. 3815 Blaine Ave)

File No.....
Registered No. 1154
St. Ward)

2. FULL NAME

(a) Residence, No. 3815 Blaine St., 17 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Charles Probst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Irene Pavanagh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Charles Probst
(ADDRESS) 3815 Blaine Ave

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE Feb 4, 1932

19. UNDERTAKER Frank Co
(ADDRESS) 6234 Manchester Ave

20. FILED FEB -4 1932 W. O. Hartley
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1931 to 2-3, 1932

I last saw him alive on 2-3, 1932 Death is said

to have occurred on the date stated above, at 7:20 Pm.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia (Date of onset 1-2-32)
Secondary

107A 125B
1618

Other contributory causes of importance:

Hepatitis (Date of onset 1-20-32)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Philip Schuck, M. D.

(Address) 1708 N Grand

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.

2:
1753 So. ...