OCT 26 1937

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

Do not use this space.

35387

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township ~~Jefferson~~ — Primary Registration District No. 6248-H. — Registered No. 196
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Charles F. Probst
(a) Residence, No. 4342 Ellenwood Ave. 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1911
7. AGE: 4 — YEARS 25 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME Joseph Probst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Mamie Vorwerk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Joseph Probst 4342 Ellenwood Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter&Paul DATE 9-14 1937
19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway
20. FILED Sept. 12 1937 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1937 to Sept. 11, 1937
I last saw him alive on Sept 10th, 1937. Death is said to have occurred on the date stated above, at 3:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Staphylococcus Septicemia	
2. Aplastic Anemia	

Other contributory causes of importance:
1. Gas Bacillus Gangrene

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? ..... (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 .....
(Signed) W. F. Mally, M. D.
(Address) Webster Groves Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.