

REC'D FEB 10 1939

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

252  
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... 2 ..... Registration District No. .... 791  
 (b) Township ..... Primary Registration District No. .... 1003  
 (c) City ..... St. Louis ..... (d) Street No. 3331 Vista Ave ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

612 Fredrick August Probst  
 (a) Residence, No. 3331 Vista Ave ..... St. 18 ..... (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Probst		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8 1857		
7. AGE 81	YEARS 4	MONTHS 29
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. Retired	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) ..... Switzerland ..... 7  
 (STATE OR COUNTRY)

FATHER 13. NAME ..... Unknown ..... 7

14. BIRTHPLACE (CITY OR TOWN) ..... Switzerland ..... 7  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ..... Unknown ..... 7

16. BIRTHPLACE (CITY OR TOWN) ..... Switzerland ..... 7  
 (STATE OR COUNTRY)

17. INFORMANT ..... Fredrick Probst Jr .....  
 (ADDRESS) 3331 Vista Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New St. Marcus DATE January 9 1939

19. FUNERAL DIRECTOR (NAME) ..... Peetz Brothers .....  
 (ADDRESS) 3029 Lafayette Ave

20. FILED JAN 8 1939 J. D. Beckler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6 1939 19

22. I HEREBY CERTIFY, That I attended deceased from  
 June 15, 1936, to Jan 6, 1939  
 I last saw him alive on Jan 6, 1939. Death is said  
 to have occurred on the date stated above, at 5:40 P.M.

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

*Ch. Myocarditis*  
*Arteriosclerosis*  
*Ch. Parenchymatous nephritis*  
*Uremia*

Date of onset  
 yrs. mos. ds.  
 1939

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? *Tympanum* Was there an autopsy? *no*

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? *no*

If so, specify .....  
 (Signed) *Edmund Brunner* M. D.

(Address) *1504 So Grand Blv.*

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

*An Bonof*  
*1504 S. Grand*  
*Chgo - 2458*  
*163*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Frank J. Swan* .....

Licensed Embalmer No. *2245* .....

P. O. Address *St. Louis, Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**