No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8074

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. 20 min. (Specify whether years, months or days)

In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 6535 Etzel Ave. 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Margaret Proenneke

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Proenneke

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. (Month) 25 (Day) 1881 (Year)

8. AGE: Years 59 Months 5 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Patrick Quinn
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary McLaughlin
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Louis Proenneke

(b) Address 6535 Etzel U City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefountaine Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont

19. (a) FEB - 6 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dr. Rtn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1941 hour 2 minute :55 P. M.

21. I hereby certify that I attended the deceased from 2-4-41, 19__, to 2-4-41, 19__; that I last saw her alive on 2-4-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	3 hrs.
Due to Empyema Gall Bladder	1 wk
Due to Bronchopneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 127 a
Of autopsy Empyema Gall Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John G. Matthews (M. D. or other)

Address St Louis Co. Hosp. Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Jas. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamon

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

If this body is not embalmed, fact should be so stated above.