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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12633
Registrar's No. 3063

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
4801 Cotebrillante
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4801 CoteBrillante
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Margaret Proetz
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1941 hour 11 minute 15 a.m.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: March 30 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1941 to April 5, 1941; that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 0 5 hr. min.

Immediate cause of death Cor Myocardium - dilated
Due to degeneration of age
Duration 2 yrs.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation none

Due to acute myocardial infarction
Other conditions (include pregnancy within 3 months of death) cause by chr. myocarditis
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business none
12. Name Bernhard Proetz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Born
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mathilda Wallis
(b) Address 4801 CoteBrillante
17. (a) Burial (b) Date thereof 4 - 8 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

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?.....

18. (a) Signature of funeral director A. K. ...
(b) Address 2107 N. Grand Bl.
19. (a) APR - 8 1941 (b) J. P. Proetz
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature C. G. ... (M. D. or other) MD
Address 903 ... Date signed 4/9/41

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

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: *Paul F. Knoelker*

Licensed Embalmer No. *2631*

P. O. Address *2707 W. Shaw*

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, fact should be so stated above.