

No. 2
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16841

State File No. 4359
Registrar's No.

Registration District No. 791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Lutheran Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Probasco

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 31, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>9</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Unemployed

12. Name Hiram Probasco

13. Birthplace Ohio
(State or foreign country)

14. Maiden name Elizabeth Fox

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laina Lewis

(b) Address 3624 Cleveland Ave

17. (a) Burial (b) Date thereof May 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 24 1941 (b) J. Probasco
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3624 Cleveland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day May
year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from April 4, 1941
1941, to May 22, 1941;
that I last saw him alive on May 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 3 da.

Due to Abdominal carcinomatosis.

Due to _____

Other conditions H. B.
(Include pregnancy within 3 months of death)

Major findings: Colloid carcinoma

Of autopsy Colloid carcinoma of hepatic flexure of colon.

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Macl Bales M.D. (M. D. or other) 0
Address 3623 Cleveland Date signed 5/23/41

Bulago.
363 Cleveland

Pr-6225
St. 9122

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. Owens

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, fact should be so stated above.