

FILED APR 15 1943
Registration District No.

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
7608 Comfort Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 8 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7608 Comfort Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME PAULINE L. PROBST

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Christ Probst 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Mar. 10, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	21hr.min.

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

10. Usual occupation Housewife (Retired)

11. Industry or business Own home

12. Name Frank Sellemieck

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Theo. Probst

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof Apr. 4, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: St. Paul Cem. Des Peres, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) APR 2 1943 (b) E. J. W. Gorman M.D.
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1943 hour..... minute 8 pm M.

21. I hereby certify that I attended the deceased from Nov. 24, 1942
to May 31st, 1943
that I last saw h. ER alive on May 30th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of the stomach about year

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
466

Duration

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) (e) Means of injury.....

23. Signature Arnold Splem (M. D. or other) MD

Address 2632 S. KINGS HIGHWAY Date signed 4/1/43

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

MOTHER FATHER

5

2:6 32-5-10-17-1

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 *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Ballwin, 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.