

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10562

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:  
1514 Mallinckrodt Str  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....  
(c) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1514 Mallinckrodt Str  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Nickolas Proost

3. (b) If veteran, name war..... 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 Mary Proost 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased November 5 Th 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 --- 0 -- 25 -- hr. min.

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

10. Usual occupation Packer (Retired)

11. Industry or business Blackwell Wielande

12. Name Jacob Proost

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

14. Maiden name Anna Melling

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

16. (a) Informant Mary Proost

(b) Address 1514 Mallinckrodt Str 1943

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) DEC 2 1943 (Date received local registrar) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 30th, year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept. 28 1941 to Nov. 30 1943  
that I last saw him alive on Nov. 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiac disease with congestive failure.

Due to Chronic glomerulonephritis

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 D. Douglas Blaylock (D. or other) Address 1416 Salisbury Date signed 12/1/43

Duration 5 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lemay Ferry Rd.

**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.**