S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39188

State File No. 0

FILED DEC 11 1943

Registration District No. 3

Primary Registration District No. 3066

Registrar's No. 2704

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
(none) / 1195 North Simmons
(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 74
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1195 North Simmons
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Catherine Probst

3. (b) If veteran, name war (none)

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph Probst,

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

7. Birth date of deceased Dec. (Month) 18, (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	16	____ hr. ____ min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Martin Hosenfeldt
13. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Volker
15. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Lena Wagner

(b) Address 1195 N. Simmons, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 7, (Day) 1943 (Year)

(c) Place: burial or cremation St. Peters Cem. Kirkwood

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) DEC - 8 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1943 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov 28, 1943, to Dec 4, 1943
that I last saw her alive on Dec 4, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	6 Days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 109.1	
Of autopsy	

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 0

23. Signature C E Barnett (M. D. or other)

Address 243 W Jefferson Kirkwood Mo Date signed 12-6-43

(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 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.