V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23357

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 6942

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 12 Westmoreland Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Westmoreland Place
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Erma P. Proetz

3. (b) If veteran, name war None

3. (c) Social Security No. 490-3-0009

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Arthur W. Proetz

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 12 (Day) 1891 (Year)

8. AGE: Years 53 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Vice pres't. Gardner Adv. Co.

11. Industry or business Same

MOTHER FATHER

12. Name Henry B. Perham

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

14. Maiden name Tule Hatch

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

16. (a) Informant Dr. Arthur W. Proetz

(b) Address 12 Westmoreland Place

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) AUG 8 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 7 day year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Aug 7, 1944, that I last saw her alive on Aug 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of ovary	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cancer of ovary

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 Raymond G. Grant (M. D. or other) MD

Address 114 N. Taylor Date signed 8/8/44

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1948

JUL 17 1945

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 Neville B. Grohwetter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Ave

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.