

FILED NOV 31 1944

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2007

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 weeks, 1 day  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9839 Coventry Lane  
(If rural, give location) NR.  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME ELLA PROBST

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

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

6. (b) Name of husband or wife Robert L. Probst 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 23 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER { 12. Name Jacob Reith  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Probst  
(b) Address 9839 Coventry Lane, Affton, Mo.

17. (a) Burial (b) Date thereof Oct. 21, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director A. Brown Co. Co.

(b) Address 2707 N. Grand Blv'd

19. (a) OCT 20 1944 (b) J. Z. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1944 hour 9 minute 20 p. M.

21. I hereby certify that I attended the deceased from Feb 1943  
1943 to Oct 16 1944  
that I last saw her alive on Oct 16th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma probably originating in ovary & spreading all metastases  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature R. Berg (M. D. or other)  
Address 2707 N. Grand Date signed 10/20/44

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

1944

TED...

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**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

**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.**