

FILED JAN 15 1945  
Registration District No. 318

Primary Registration District No.

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

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:  
4146 Arsenal St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Dorothy G. Proffitt

3. (b) If veteran, name war 720. 3. (c) Social Security No. 720.

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

6. (b) Name of husband or wife William C. Proffitt 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. Aug. 19 1879.  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation. Housewife

MOTHER FATHER

11. Industry or business

12. Name Peter McCormack  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant W.C. Proffitt  
(b) Address 4146 Arsenal St.

17. (a) Burial (b) Date thereof 12-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcys Cem with Bur. Log.

18. (a) Signature of funeral director W. J. Brebeck  
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 28 1944 (b) J. T. Brebeck  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4146 Arsenal St  
(If rural, give location)  
(e) Citizen of foreign country? U (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1944 hour 2 minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 30  
1943 to Dec 27 1944  
that I last saw him alive on Dec. 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer left lung  
Duration 1 1/2 yrs

Due to.....

Due to.....

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

Major findings:  
Of operations.....

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?

While at work (Specify type of place) (e) Means of injury.....

23. Signature L. C. Hershman (M. D. or other)  
Address 5000 S. Broadway Date signed 1/2/45

JUN 25 1951

---

---

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

*Edgar F. Witt*

Licensed Embalmer No. *2117*

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.