

No. 2  
5-17-39  
I X36671

**FILED** MAY 27 1946

Registration District No. 249

Primary Registration District No. 6076

Registrar's No. 1102

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
8200 Bellerive Dr.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life (Specify whether \_\_\_\_\_)  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 4500 Washington Blvd.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Fred J. Probst

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora E. Probst

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

7. Birth date of deceased November 16, 1858  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>87</u>	<u>6</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Bern, Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Tailor

11. Industry or business Tailoring

12. Name Fred William Probst

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

14. Maiden name Unknown

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

16. (a) Informant George P. Probst

(b) Address 4133 St. Louis Ave.

17. (a) Burial (b) Date thereof May 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 5-21-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 20  
year 1946 hour 11:15 minute 0 M.

21. I hereby certify that I attended the deceased from May 13 1946 to May 20 1946  
that I last saw him alive on May 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 7 days

Due to 61

Other conditions Chronic Nephritis + Diabetes Mell.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

**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? \_\_\_\_\_

Home while at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 536 N. Taylor St. St. Louis, Mo. Date signed 5/20/46

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

MOTHER, FATHER

JUN 3 1946

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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 John A. Mlinar  
Licensed Embalmer No. 4186  
P. O. Address St. Louis, 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.**