

FILED FEB 28 1948

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1540**

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: 6304a Sutherland Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6304a Sutherland Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? 14 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME OTTO A. PROSKE  
 3. (b) If veteran, name was None  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 13  
 year 1948 hour 6:30 minute A. M.  
 21. I hereby certify that I attended the deceased from 2-7  
 1948 to 2-13 1948  
 that I last saw him alive on 2-12 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death  
Cerebral Hemorrhage  
Hypertension

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna M.  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased: July 9 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 7 4 hr. min.

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

10. Usual occupation Lt. St. Louis Police Dep't

11. Industry or business Retired 2 Years

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Anna M. Proske

(b) Address 6304a Sutherland Ave.

17. (a) Burial (b) Date thereof 2-17-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 16 1948 (b) J. F. Hudec  
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause of 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.....  
 23. Signature PP Cappenas or other JAD  
 Address 3284 L. ... Date signed 2-14-48

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

1540

3784  
Funeral Home  
10-1-12

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 Richard W. Stovesund  
Licensed Embalmer No. 4007  
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.