

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18251

FILED JUN 15 1948

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1241

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Penns Nursing Home 4
(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

3. (a) PRINT FULL NAME..... Lydia Procter

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..... Widow 9

6. (b) Name of husband or wife..... Otis Procter
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... August 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 1 br. min.

9. Birthplace..... Washington Co., Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Christ Rohlfing

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Geisel

15. Birthplace..... Cincinnati Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant..... Walter Rohlfing

(b) Address..... 6402 Suburban Ave.

17. (a) Removal..... (b) Date thereof..... 5-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Nashville, Ill.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 W Washington Blvd.

19. (a) 5-17-48 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Illinois (b) County..... Washington 999

(c) City or town..... Nashville 11
(If outside city or town limits, write "RURAL")

(d) Street No..... 0
(If rural, give location) 2

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 16
year..... 1948 hour..... 3 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from.....
[Signature] 19 46 to [Signature] 16 19 48

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above. Duration

Immediate cause of death.....
[Signature]

Due to..... [Signature]

Due to..... [Signature]

Other conditions..... 930
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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..... [Signature] (M. D. or other) M.D.

Address..... 1918 [Signature] Date signed..... 5-17-48

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

MOTHER FATHER

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 S. Kennedy

Licensed Embalmer No. *4194*

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.