FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21758

Registrar's No. 1374

1. PLACE OF DEATH: St Louis Co. ST. LOUIS

(a) County ELLISVILLE MO

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

(c) Name of hospital or institution: SUNSET SANITARIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0 00

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2159 ESTHER 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME ANNA PROBALA

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. 15 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace BOHEMIA (City, town, or county) 8 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name ? HORNE 8
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 8
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country)

16. (a) Informant AGNES PROBALA

(b) Address 2159 ESTHER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION

18. (a) Signature of funeral director Thos. Lutes & Son

(b) Address 2906 Gravois

19. (a) 6-24-48 JUN 2 (Date received local registrar) (b) Burial Stay MO (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 23
year 1948 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 23, 1948;
that I last saw her alive on June 23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6-22-48
Due to arteriosclerosis	
Due to 93d	
Other conditions chronic 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature B. R. Loving (M. D. or other) MD

Address Ballwin, Mo. Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.