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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 118

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary, Registration District No. 1003

34581
State File No. _____
Registrar's No. 8826

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital, ?
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 days
 (Specify whether _____)

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mary Maxine Probert

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, Single

6. (b) Name of husband or wife _____ | 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 12 1914
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Jasper County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Max A. Probert

{ 13. Birthplace Jasper County Missouri
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Frances L. Woods

{ 15. Birthplace Dade County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Max A. Probert
 (b) Address Jasper County Missouri

17. (a) Removal (b) Date thereof 10-11-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden City Mo.

18. (a) Signature of funeral director Albert H. Honne
 (b) Address 4700 Washington Blvd.

19. (a) OCT 11 1948 (b) J. B. Zentler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper
 (If outside city or town limits, write "RURAL")

(d) Street No. Route 1
 (If rural, give location)

(e) Citizen of foreign country? N.A. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
 year 1948 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from September 14
1948 to October 10 19 48
 that I last saw her alive on October 10 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death LYMPHOSARCOMA Duration 4 MO.

Due to _____

Due to _____

Other conditions NONE
 (Include pregnancy within 3 months of death)

Major findings: BIOPSY OF LYMPH NODE
REVEALED LYMPHOSARCOMA.

Of autopsy LYMPHOSARCOMA — LUNGS
PLEURAE, DIAPHRAGM, ABDOMINAL
RETROPERITONEAL NODE

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 James F. Kichel (M. D. or other) M.D.
 Address Barnes Hospital Date signed _____

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.....

Gustav W. Deibel

Licensed Embalmer No.

4329

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.