

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39006

FILED DEC 4 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2638

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME PROFFITT, William H.

3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased February 12 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 9 0 hr. min.

9. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name James Proffitt
13. Birthplace Raleigh North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Lockard
15. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) BURIAL (b) Date thereof 11-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 So. Bdw. St. Louis, Mo.
19. (a) 11-13-48 (b) George J. Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7332 North Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1948 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from
November 8, 1948, to November 11, 1948
that I last saw him in alive on November 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death COMMINUTED FRACTURE OF THE SKULL WITH EPIDURAL HEMORRHAGE, Unk. CEREBRAL EDEMA Duration

Due to Contributory cause:
Extradural hemorrhage

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 11/8/48 Craniotomy
Of operations Coroner's Case
Of autopsy Autopsy performed
(See cause of death)

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) Accident
(b) Date of occurrence 11/7/48 about 3:00 P.M. 138
(c) Where did injury occur? Waterloo, Ill. on highway #3
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On State Highway (Specify type of place)
While at work? No Means of injury Motorcycle
Signature Chief, Professional Ser
Address VA Hosp. Jeff. Bks. Mo. Date signed 11/12/48

JAN 28 1954

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

Harry Schumacher

Licensed Embalmer No.

2679

P.O. Address

7814 Broadway

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.