

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6572
Registrar's No. 1751

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2341 1/2 So. 7th ST.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
		d. STREET ADDRESS (If rural, give location) 2341 1/2 So. 7th ST. MO.	

3. NAME OF DECEASED (Type or Print) Katherine			a. (First)			b. (Middle)			c. (Last) Probstmeyer			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1949			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH June 22, 1855			9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) High Prairie, Illinois				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME STITZEL			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE Henry Probstmeyer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Gahn 2341 1/2 So. 7th ST.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERIOSCLEROSIS		GENERALIZED ARTERIOSCLEROSIS - 10 YRS. (?)						10 YRS. (?)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 94a							
		DUE TO (c) 42a1							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JAN 24, 1949, to FEB. 22, 1949, that I last saw the deceased alive on FEB. 14, 1949, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward G. Casper, M.D.			23b. ADDRESS 2202 St. Bernard St. Louis, MO.			23c. DATE SIGNED 2/23/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial PK.		24d. LOCATION (City, town, or county) (State) ST. Louis, County MO.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 24 1949 G. J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. & Co. 2929 So. Jefferson						

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *H. M. Davis*

Signed.....
Student Embalmer

Licensed Embalmer No. *374*

P. O. Address *2929 Jefferson*

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.