

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10536

State File No. ....

2315

BIRTH NO. \_\_\_\_\_ REG. DIST. NO: 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital, 0</u>		d. STREET ADDRESS (If rural, give location) <u>4719 Penrose</u>	

3. NAME OF DECEASED (Type or Print) <u>Virginia Protzman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1949</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>DEC. 20<sup>TH</sup> 1907</u>	9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SCRANTON, PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>PERCIVAL CHAMBERLAIN</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA OSBORNE</u>		14. NAME OF HUSBAND OR WIFE <u>WM. K. PROTZMANN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WM. K. PROTZMANN, 4719 PENROSE ST.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor - Malignant</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193X</u>					

19a. DATE OF OPERATION <u>3/11/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>RT. Frontal Lobe Tumor</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		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 March 8, 1949, to March 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben Eisner, M.D. U.</u>		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>3/12/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
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DATE REC'D BY LOCAL HEALTH DEPT. <u>MAR 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BL.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2815

**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 John A. Miller

Licensed Embalmer No. 486

Signed.....  
Student Embalmer

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.