

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-State File No.

39179

9898

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY 206			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1451 Carr Lane,				e. STREET ADDRESS (If rural, give location) 1451 Carr Lane,			
3. NAME OF DECEASED (Type or Print)		a. (First) Minnie		b. (Middle) Jane		c. (Last) Proffitt,	
4. DATE OF DEATH		(Month) November		(Day) 14,		(Year) 1949	
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH April 19, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Potosi, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Guley,		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Douglas Proffitt,			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Bauer, 1451 Carr Lane,			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis 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. Paralysis Agitans, Arthritis deformans, Myocarditis Chronic				INTERVAL BETWEEN ONSET AND DEATH 3 months 17 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) 930 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 4522			
22. I hereby certify that I attended the deceased from 5-25-1947 , to Nov 14, 1949 , that I last saw the deceased alive on Nov 14, 1949 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leroy E. Ellison MD KI		23b. ADDRESS 3610 50 Broadway, St. Louis		23c. DATE SIGNED 11-15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 11/17/49		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) DeSoto, Missouri,	
DATE REC'D BY LOCAL REG. NOV 16 1949		REGISTRAR'S SIGNATURE J. B. Pasaler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2842 Meramec St., Gebken-Benz Mortuary, St. Louis, 18, Mo.			

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1019

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

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.