V.S. No. 800
Rev. 10-48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18845

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1391

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 5,
c. LENGTH OF STAY (in this place): 2 days 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 5, 4346
d. STREET ADDRESS (If rural, give location): 7246 Colgate Avenue.

3. NAME OF DECEASED (Type or Print) a. (First): CHARLES b. (Middle): c. (Last): PROBST

4. DATE OF DEATH (Month) (Day) (Year): June 2 1950

5. SEX: Male. 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married. 1
8. DATE OF BIRTH: April 8th, 1890.
9. AGE (In years last birthday): 60. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired..
10b. KIND OF BUSINESS OR INDUSTRY: Printer.
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred Probst.
13b. MOTHER'S MAIDEN NAME: Kate Fleisch.
14. NAME OF HUSBAND OR WIFE: Irene K. Probst.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. W. W. I.
16. SOCIAL SECURITY NO.: 489-09-6898.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Irene K. Probst, 7246 Colgate Ave.,

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) Cerebral Hemorrhage — 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) Hypertensive cardio-vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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) (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?

22. *I hereby certify that I attended the deceased from* June 1, 1950, *to* June 2, 1950, *that I last saw the deceased alive on* June 2, 1950, *and that death occurred at* 12 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert Ishii MD
23b. ADDRESS: 601 S. Brentwood Clayton Mo
23c. DATE SIGNED: 6-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation.
24b. DATE: 6/3/50.
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory.
24d. LOCATION (City, town, or county) (State): 7800 St. Charles Road,

DATE REC'D BY LOCAL REG.: 6-2-50
REGISTRAR'S SIGNATURE: Hubert R. Alomke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R. Lupton & Sons, 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.