

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21928
State File No.
Registrar's No. 5454

318

1003

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|---|--|--|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis | | | | c. LENGTH OF STAY (in this place) 21 Days | | c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | | | d. STREET ADDRESS 2715a N. Florissant Avenue | | 2269 | | 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth | | | b. (Middle) Probert | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) June 20th, 1950 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Aug. 28th, 1879 | | 9. AGE (in years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (State or foreign country) Mexico, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Winscott | | | 13b. MOTHER'S MAIDEN NAME Sally (Unknown) | | | 14. NAME OF HUSBAND OR WIFE William Probert | | | |
| 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 Mrs. Louis Arras, 1270 Gimblin Avenue | | | ADDRESS | | |
| 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) Chronic diffuse nephritis ANTECEDENT CAUSES DUE TO (b) none DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | | | | INTERVAL BETWEEN ONSET AND DEATH don't know | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 592X | | | | | |
| 22. I hereby certify that I attended the deceased from 5-18-50, 19__ to 6-20-50, 19__, that I last saw the deceased alive on 6-20-50, 19__, and that death occurred at 12:00 noon m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Walter H. Swenmuth | | | | (Degree or title) | | 23b. ADDRESS 1506 St. Louis | | 23c. DATE SIGNED 6-22-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/23/50 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| DATE RECEIVED BY LOCAL REG. | | REGISTRAR'S SIGNATURE J. B. Parater | | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. | | | | |

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

JUN 23 1950

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 Ralph C. Zanders

Licensed Embalmer No. 4275

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.