

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14680**
Registrar's No. **2085**

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) 9 OR TOWN Berkeley	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8212 Davenport Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ORA	b. (Middle) FRANCES	c. (Last) PROCTOR	4. DATE OF DEATH (Month) (Day) (Year) Mar. 2 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1923	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paragould, Ark.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Robert L. Baumhoff	13b. MOTHER'S MAIDEN NAME Florence McKinnies	14. NAME OF HUSBAND OR WIFE John H. Proctor
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John H. Proctor	ADDRESS 8212 Davenport Dr.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Oedema		
	ANTECEDENT CAUSES Acute Bacterial Infection due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Premature ruptured membranes			
DUE TO (c) Pregnancy (8 mos Gestation)			
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 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)
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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? 68IX
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22. I hereby certify that I attended the deceased from **24-Aug, 1951**, to **2-Mar, 1952**, that I last saw the deceased alive on **2-Mar, 1952**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Frank W. Gillig	(Degree or title) M.D.	23b. ADDRESS 4501st Manchester	23c. DATE SIGNED 4-Mar-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL MAR 4 1952	REGISTRAR'S SIGNATURE Carl Smith MA	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1927 25 MS

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 *Edwin M. Herriott*

Licensed Embalmer No. 3024

P. O. Address.....

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.