

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12634

State File No.

FILED MAR 20 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>761</u>	
1. PLACE OF DEATH <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
OR TOWN <u>Clayton</u>		<u>8 days</u>		OR TOWN <u>Kirkwood</u>		<u>4703</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS <u>444 East Clinton pl.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>David</u>		b. (Middle) <u>Proffitt</u>		c. (Last) <u>Proffitt</u>	
4. DATE OF DEATH		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
<u>3 8 53</u>		<u>male</u>		<u>white</u>		<u>married</u>	
8. DATE OF BIRTH <u>Aug 15, 1864</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>odd jobs</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>California,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Proffitt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-22-7304</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeff Leach</u>	
ADDRESS <u>2330 Montgomery st.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Vascular Accident</u>		6 days	
DUE TO (c)		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 <u>331X</u>	
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) (Min)		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 <u>2-28, 1953</u> , to <u>3/8, 1953</u> , that I last saw the deceased alive on <u>3/8, 1953</u> , and that death occurred at <u>5:42 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles E. Nichols M.D.</u>		(Degree or title)		23b. ADDRESS <u>601 BRENTWOOD Blm</u>		23c. DATE SIGNED <u>3-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Memphis, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>West Memphis, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dumb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Citizens F.H., West Memphis, Ark.</u>			

P.T. (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

Licensed Embalmer No. 366

P. O. Address Waco, Tex.

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.