V.S. No. 300
Rev. 10-48

0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 - 1953

State File No. 41009

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11075

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 60
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: 2159
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: 0
e. STREET ADDRESS (If rural, give location): 15 4458 Beethoven Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): E.
c. (Last): PROSKE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Sept. 12, 1891
9. AGE (In years last birthday): 62 — 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): engineer
10b. KIND OF BUSINESS OR INDUSTRY: Public school Susten
11. BIRTHPLACE (City and State or Foreign Country): Moberly, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Louis H. Proske
13b. MOTHER'S MAIDEN NAME: Selma Weidner
14. NAME OF HUSBAND OR WIFE: Clara Bachmann Proske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 333-03-4335
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Clara Proske, 4458 Beethoven 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain; self inflicted, on

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) At Pine & Grand Drives in Forest Park, on Nov 20th

DUE TO (c) 1953 about 1035 am.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Suicide while suffering a temporary mental aberration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Suicide
AUTOPSY: YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Park
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 20 53 10 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E976X

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1215 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred Perry Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 11/23/53
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: NOV 23 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Beiderwieden F.H.Inc., 1936 St.Louis Ave.

mds

(Licensed Embalmer's Statement on Reverse Side)

CORONER

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4520

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.