

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

32112

State File No. ....

318

1003

8041

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 Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1508 Mallenkrodt St.  
e. STREET ADDRESS (If rural, give location) 1508 Mallenkrodt St. 2269

3. NAME OF DECEASED a. (First) LOUISE b. (Middle) \_\_\_\_\_ c. (Last) PROBST 4. DATE OF DEATH (Month) (Day) (Year) Aug. 30th, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Jan./20/1881 9. AGE (In years last birthday) 73 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) Housework 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo., 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Schwidde 13b. MOTHER'S MAIDEN NAME Sophie Mettner 14. NAME OF HUSBAND OR WIFE Fred Probst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME David Schwidde ADDRESS 2227 Benton Street

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Dilatation of Heart  
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) Endocarditis  
DUE TO (c) Rheumatism (and Heart)  
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  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) \_\_\_\_\_ 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 14, 1954, to August 5, 1954, that I last saw the deceased alive on August 5, 1954, and that death occurred at 3: A m., from the causes and on the date stated above. 22

23a. SIGNATURE Dr. Cotterbach MD (Degree or title) \_\_\_\_\_ 23b. ADDRESS 1509 Breman 23c. DATE SIGNED Aug 31, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 1st, 54 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,

DATE REC'D BY LOCAL REG. AUG 31 1954 REGISTRAR'S SIGNATURE J. Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co., ADDRESS 2223 St. Louis Av.

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

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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 *J. W. Burley*.....

Licensed Embalmer No. *3857*

P. O. Address *St. Louis*

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.