

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

318

1003

57-0228-1
STATE FILE NUMBER
5355

Registration District No. Primary Registration District 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 <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Length of stay in lb		STREET ADDRESS 1451 Carr Lane Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Douglas Middle Proffitt Last Proffitt				4. DATE OF DEATH June 6, 1957 Month June Day 6 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 15, 1888	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 6 Days 15 Hours 15 Min. 0		IF UNDER 24 HRS. Hours 15 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laclede Gas Company,				10b. KIND OF BUSINESS OR INDUSTRY Retired 5 Years,		11. BIRTHPLACE (City and state or country) White Rock, Texas,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Samuel Proffitt				14. MOTHER'S MAIDEN NAME Ella May Foster,			
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 Address Mrs. Edith Bauer, 1451 Carr Lane Ave.,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Left Hip; Bronchial Pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E9035. DUE TO (c) E9035.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 44							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Suffered when glass fell on			
20c. TIME OF INJURY Hour 5:29 a. m. 5:29 p. m. 5:29 Month, Day, Year May 29 1957				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> St. Louis Mo 000			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office block, etc.) St. Louis Mo 000				20f. CITY, TOWN OR LOCATION St. Louis Mo 000			
21. I attended the deceased from 230 P. to her and last saw him alive on 6.7.57 Death occurred at 230 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrik P. Douglas Coroner (Degree or title)				22b. ADDRESS 1300 Clark			
22c. DATE SIGNED 6.7.57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		23b. DATE 6/10/57		23c. NAME OF CEMETERY OR CREMATORY Old City Cemetery,		23d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. JUN 7 '57		26. REGISTRAR'S SIGNATURE J. C. Smith	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Joe B. Benz
Licensed Embalmer No. 424

2842 Mer

P. O. Address St., Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.