

AMENDED  
 INSIDE OF DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

DATE AMENDED  
 FILED MAR 23 1961

STATE FILE NUMBER  
**2178 - 61-011406**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2178**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **1 yr. 4 mo.**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chronic Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4152 Taft** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Frederick M. Proehl**

4. DATE OF DEATH Month Day Year  
**3/4/61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1/24/75** 9. AGE (last birthday) **85**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Police Officer** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Gustav Proehl** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Ella**

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. **none** 17. INFORMANT Address **Mrs. Ella Proehl--1003 Allen**

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. Generalized Arteriosclerosis.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **suffered in fall at Chronic Hospital**  
 DUE TO (c) **accident** **on about 12-19-60.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **904.7-45**

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **See above**

20c. TIME OF INJURY Hour e.m. Month, Day, Year p.m. **12-19-60**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **13th Hoop Lake** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **St. Louis, Mo.**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at: **9:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert M. Zeman, M.D.** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **MAR 6 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3/7/61** 23c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

24. FUNERAL DIRECTOR ADDRESS **WACKE R-HELDERLE 3634 Gravois** 25. DATE RECD. BY LOCAL REG. **MAR 6 1961** 26. REGISTRAR'S SIGNATURE **Robert Smith, M.D.**

**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 Delip J. Krupin  
Licensed Embalmer No. 3497  
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.