

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

7101

 BIRTH NO. 100 MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 501

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>Week</u>		c. CITY OR TOWN <u>Olivette</u> <u>4390</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>15-Hilltop Dr.</u>			
3. NAME OF DECEASED (Type or Print) <u>ARBBRA</u>		a. (First)		b. (Middle)		c. (Last) <u>PROFFIT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April-3-1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Painting</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Louis Proffit</u>		13b. MOTHER'S MAIDEN NAME <u>Hennetta Arms</u>	
14. NAME OF HUSBAND OR WIFE <u>Mabel Proffit</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Proffit</u>				17. ADDRESS <u>- 15 Hilltop Dr</u>		18. CAUSE OF DEATH	
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, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) m.			
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>2-17-</u> , 19 <u>54</u> , to <u>2-26-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-26-</u> , 19 <u>54</u> , and that death occurred at <u>5:25</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard C. Ernst M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton 6, Mo.</u>		23c. DATE SIGNED <u>2-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattersonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumman Bros</u>		ADDRESS <u>2504 W. Warren Rd. Overland</u>	

521 (Licensed Embalmer's Statement on Reverse Side)

(74)

400

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 Ma....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar F. Mueller.....

Licensed Embalmer No. 303

P. O. Address Cleveland

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.