

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Co.

Registration District No. 785

File No. 26270

Township Bonhomme

Primary Registration District No. 6031

Registered No. 164

City Meramec River Lincoln Beach

(No. Meramec River Lincoln Beach St. Ward)

2. FULL NAME

Paul Frederick Proyer

(a) Residence, No. 3444 1/2 Arlington Ave. St. Ward. St. Louis Mo.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 - 1914

7. AGE YEARS 20 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis Ill.

13. NAME Frank E. Proyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Eva Hidd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donne River Mo.

17. INFORMANT Frank E. Proyer

(ADDRESS) 3444 1/2 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL St. Louis Mo

Place Lake Charles Cem. DATE July 21, 1934

19. UNDERTAKER Edith E. Ambruster

(ADDRESS) 4234 Manchester Ave. St. Louis Mo

20. FILED July 20, 1934 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental drowning while in swimming at Lincoln Beach, Meramec river, while in swimming with other comrades. For some unknown reason, pt. sank in the water,

Other contributory causes of importance: unable to get him out, in the water one half hour, after which divers got him out. All efforts

Name of operation Coroner's view Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no.

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ 7/20/34

(Signed) Tukatz Junon

(Address) 3718 Jennings, Rd.

Coroner St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 1 1934

WRITE PLAINLY WITH INK ON WHITE PAPER

were made to revive him, by
physicians pulmotor, artificial respiration
but failed to resuscitate . Pronounced
dead by Dr. Scott.