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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16303

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3821

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 297
(If outside city or town limits, write "RURAL")
(d) Street No. 15 So. 16th. St.
(If rural, give location)
(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Melvin Buford Propest
3. (b) If veteran, name war No.
3. (c) Social Security No. 487-05-2268
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Dec. (Month) 23 (Day) 1907 (Year)

8. AGE: Years 33 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Lutesville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Frank Propest
13. Birthplace Millersville (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Julia Shirley
15. Birthplace Millersville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Beulah Berger
(b) Address Advance, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Advance, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAY 5 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1941 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Subdural Hemorrhage of brain, and Hemorrhage of the spinal cord, authorities say he fell to the sidewalk
Due to after being struck by Frank Galina in self protection
Due to at 1539 Mad St. at about
Other conditions 10:45 P.M. May 3rd 1941
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 3rd 1941
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury fall
23. Signature [signature] (M. D. or other)
Address Deputy Coroner Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.