V. S. No. 2
10M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1942

State File No. 26135

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7039

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 29 ds. (Specify whether
In this community 35yrs. 9mos. 25ds.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. Koch Hospital
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME RAYMOND PROMNITZ

3. (b) If veteran, name war -

3. (c) Social Security No. 499-03-8822

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olinda Promnitz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 27 (Day) 1906 (Year)

8. AGE: Years 35 Months 9 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

FATHER
12. Name Charles Promnitz
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Bertha Werder
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant L. Deggen dr.
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Ch'yard

18. (a) Signature of funeral director Witt Bro. L. Wlo
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1942 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to 8-20-42 , 19 ; that I last saw him alive on 8-20-42 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (onset 6-22-42x).

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Tidelway M. D. (M. D. or other)

Address 5400 Arsenal St. Date signed 8-21-42

(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 Paul A. Shanklin Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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