

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2997**
Registrar's No. **167**

FILED JAN 23 1947
District No. **318**

Primary Registration District No. **1003**

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:
4521 Ruskin Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4521 Ruskin Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Peter O. Proctor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Mary A. Proctor

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

7. Birth date of deceased October 29, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	2	6	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business _____

MOTHER FATHER { 12. Name James Proctor

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca McCollom

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary A. Proctor

(b) Address 4521 Ruskin Ave.

17. (a) Burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of general director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JAN 7 1947 (b) J. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th.
year 1947 hour 7.00 minute P. M.

21. I hereby certify that I attended the deceased from December 15, 1945 to Jan. 5, 1947
that I last saw him alive on Jan. 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 13 mos.

Due to General hypertension Right Heart

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R.R. Minnow (M. D. or other) MD

Address 5330 Geraldine Date signed 1/6/47

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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.