

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

Do not use this space.

28145

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 757
Primary Registration District No. 599B

File No. _____
Registered No. 139

2. FULL NAME

Anna Plachemeic

(a) Residence No. BB#1 St. _____ Ward _____
(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

Female

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)

Sept 13 - 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

E. S. Plachemeic

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Dorothy Groll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

14.

INFORMANT x. E. S. Plachemeic
(Address) BB#1 St. Louis Mo

15.

FILED 9-15-27 Anna Plachemeic
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 13 1927

17.

HEREBY CERTIFY, That I attended deceased from Sept 13, 1927, to Sept 13, 1927 (that I last saw him alive on Sept 13, 1927, and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Atelectasis
16 1/2 (duration) yrs. mos. ds. 3 hrs.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

16 1/2

IF NOT AT PLACE OF DEATH? No.

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. P. Smith, M.D.
Sept 15, 1927 (Address) St. Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Antwan Cemetery

Sept 15 1927

20. UNDERTAKER

ADDRESS

W. Hallmeyer, Sum 60 St. Louis Mo

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.

18 1927

