

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

Do not use this space.

28829

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *San Louis* (No. *2718*)

Utah

File No.

Registered No. **8377**

St. Ward)

2. FULL NAME

Mary Placrek

(a) Residence. No. *2718* *Utah* St. *24* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *2* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White Widow

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

John Placrek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Abt 1843*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>Abt 84</i>			

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

14.

INFORMANT *Fred Bohmeyer*
(Address) *2718 Utah St*

15.

FILED *SEP 20 1927* *Ray C. Starnes*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-20-27*

17.

I HEREBY CERTIFY, That I attended deceased from *September 19th*, 19*27* to *September 20th*, 19*27* that I last saw h. *aw* alive on *September 20th*, 19*27*, and that death occurred, on the date stated above, at *12 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93% Acute Myocarditis

CONTRIBUTORY (SECONDARY)

98%

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Robert Reiser*, M. D.

Sept 20, 1927 (Address) *1012 8th St*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Nashville Ill DATE OF BURIAL *9-21-1927*

20. UNDERTAKER

M-C. Maydell ADDRESS *1926 Allen*

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.

DEPARTMENT RECORD

