

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **4716**, **Oregon**)

File No. **42766**  
 Registered No. **12024**  
 St. .... Ward .....

**2. FULL NAME**

**Mae Pleisch**  
 (a) Residence, No. **4116 Oregon Ave.** St., **15** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Married**  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Oct. 5 - 1887**  
**7. AGE** YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
**41** **2** **4**

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work **House Work**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis Mo.**  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** **Henry Lessing**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **Ill.**  
 (STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** **Bertha Winterberg**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Ill.**  
 (STATE OR COUNTRY)

**14. INFORMANT** **Chris Pleisch**  
 (Address) **4116 Oregon Ave.**

**15. FILED** **DEC 11 1928** **MAE E. STARLING**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Dec. 9 - 1928.**

**17. I HEREBY CERTIFY, That I attended deceased from .....**  
 ....., 19....., to ....., 19.....  
 that I last saw h..... alive on ....., 19....., and that  
 death occurred, on the date stated above, at..... **9:30 P.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Chronic Myocarditis**  
**9:30**

**CONTRIBUTORY** **W.M.A.**  
 (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
**8. DID AN OPERATION PRECEDE DEATH**..... DATE OF.....  
**9. WAS THERE AN AUTOPSY**..... **yes**  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)..... **J. W. Kemmer, M.D.**  
**170**, 1928 (Address) **Dep. Coran**

\*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** **Dunset Burial Pl.** **DATE OF BURIAL** **12-12-1928**  
**20. UNDERTAKER** **Ziegenfuss Bros. 2623 Chelsea**  
**ADDRESS**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

