

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

Do not use this space.

16649

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 1003
City St. Louis (No. 4037) Botanical

File No. 4761
Registered No. 4761
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4037 Botanical St. 17 Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Plut</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 13 1860</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAYS <u>11</u>	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>housewife</u> (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) Austria

10. NAME OF FATHER Unknown Patri

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Austria

14. INFORMANT Max Wheelhouse
(Address) 4837 Botanical Av.

15. FILED APR 25 1929
Wm O Starbuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to April 24, 1929, that I last saw h. alive on April 23, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Intestinal nephritis
95c (duration) yrs. 6 mos. ds.

CONTRIBUTORY Chronic Nephritis (SECONDARY) (duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Examination
(Signed) John Cameron, M. D.
Apr 24 1929 (Address) Metropolitan Bldg

*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 S. S. Peter & Paul. DATE OF BURIAL 4-26-29

20. UNDERTAKER With Bros. & W. Co. 2929 S. Webster ADDRESS

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. WRITE IN PLAIN, WITH CAPITALS WHERE THIS IS A CHANGING RECORD.

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