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

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.

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

Do not use this space.
37951

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10671

City St. Louis (No. 5643, Hiller Place St. ..... Ward)

2. FULL NAME Wilhelmina Pleuger

(a) Residence, No. 5643 Hiller Place St., 7 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1848

7. AGE: YEARS 84 | MONTHS 8 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Frederick Osthoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 15

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edgar C. Kennedy 5643 Hiller Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns North DATE Dec. 2, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann and Son 2161 East Fair Ave.

20. FILED DEC -2 1932, 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Nov 29, 1932

I last saw her alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 12-Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis acute	
106A 106A	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Mellies, M. D.

(Address) 3825 N 20th