

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.

42278

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 6143 West Park Ave St. Ward)

File No. ....  
 Registered No. 11408  
 St. .... Ward)

**2. FULL NAME**

Mary Louise Plaeke  
 (a) Residence, No. 6143 West Park St. 4 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 8 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) Jan 3, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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 County, Mo

MOTHER 13. NAME Harvey W. Plaeke

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Mary Louise Dwyer

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Mary Plaeke  
 (ADDRESS) 6143 West Park

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cem DATE 12-23-32

19. UNDERTAKER The Funeral Mortuaries  
 (ADDRESS) 4228 St. Elizabeth

20. FILED DEC 23 1932  
 Registrar May C. Stark

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Dec 22, 1932.  
 I last saw h. et. alive on Jan 21, 1932. Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:  
Congenital Hydrocephalus Date of onset  
Spera Bifida  
 1574  
 1576  
 157 W  
 Other contributory causes of importance

Name of operation no 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 (U)

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify

(Signed) Dr. Cowland M. D.  
 (Address) 5930 Hawthorn Ave

A. F. Cleveland  
No. 0250  
5980 Attachment