

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

Do not use this space.

41706

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1008
Barnes Hospital St. Ward)

File No.....
Registered No. 10741 St. Ward)

2. FULL NAME

Victoria Othelia Plasmeier
(a) Residence, No. 4248a E. Gaston St., 11 Ward. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Plasmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25-1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>41</u>	<u>8</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
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

13. NAME Andrew Takasch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Mary Kozelka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Bernard Plasmeier
4248 E. Gaston Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Dec 15, 1933

19. UNDERTAKER (ADDRESS) Promesky and Co
4740 W. Platteau Ave.

20. FILED DEC 24 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1933, to 12-12, 1933

I last saw her alive on 12-12, 1933 Death is said to have occurred on the date stated above, at 2:05 p.m.

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

Nephritis, chr.
ArterioSclerosis
131
97
Other contributory causes of importance: B1

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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? No
If so, specify.....

(Signed) Carl V. Moore, M. D.
(Address) Barnes Hosp.
600 S. Kingshighway

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.

6 1934

2355
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3

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5408 S. UNIVERSITY AVENUE, CHICAGO, ILL. 60637

RECEIVED
JAN 15 1964
FROM
DR. J. H. GOLDSTEIN
SUBJECT
POLYMERIZATION OF VINYL MONOMERS
BY CATIONIC MECHANISM
IN THE PRESENCE OF
CATIONIC POLYMERIZATION
INITIATORS
AND
CATIONIC POLYMERIZATION
INITIATORS

1. INTRODUCTION
2. EXPERIMENTAL
3. RESULTS AND DISCUSSION
4. CONCLUSIONS
5. REFERENCES
6. ACKNOWLEDGMENTS
7. SUMMARY