

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

Do not use this space.

DEC 4 1936

38968

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 6033
City Clayton (No. St. Louis County Hospital St. _____ Ward)

File No. _____
Registered No. 408

2. FULL NAME Ruth Marie Pleis
(a) Residence, No. 1416 Melvin Ave. St. _____ 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/9/1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 3 20

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

13. NAME William Pleis

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

15. MAIDEN NAME Estelle Rogers

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

17. INFORMANT William Pleis
(ADDRESS) 1416 Melvin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 10/31/36 19.

19. UNDERTAKER Robert J. Ambrister
(ADDRESS) 6555 Clayton road

20. FILED 10/31 1936 Ar. J. Legionelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/36 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 m. PM

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

Cerebral concussion, fracture complete with dislocation of 6rd. cervical vertebra with cord pressure and hemorrhage. Fracture both kidneys with hemorrhage.

Other contributory causes of importance:
Fracture cervical vertebra, dis- traction of cord. Shock and hemorr- hage. Auto and Ped. accident.

Name of operation OVER Date of _____
What test confirmed diagnosis? autopsy 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? _____
If so, specify _____

(Signed) J. B. Timmon 10/31/36, M. D.
3718 Jennings Rd.
Corona Building Co., MO.

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.

Verdict of Jury; As the result of injuries sustained when struck by a motor vehicle in the 8200 block on Manchester road-accident being unavoidable.