

NOV 4 1936

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

Do not use this space.

397193

File No.
Registered No. 10764
St. Ward)

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Anthony Hospital)

2. FULL NAME

(a) Residence, No. 5616 Leona St., 2 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Forrest Ploesser, Sr.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4, 1911
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 6 22

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. at home
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 Charles Murphy

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

15. MAIDEN NAME Margaret Bauer

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

17. INFORMANT Mr. Forrest Ploesser Sr.
(ADDRESS) 5616 Leona

18. BURIAL CREMATION, OR REMOVAL PLACE St. Peter + Paul DATE 10-29-36

19. UNDERTAKER Southern Funeral Home
(ADDRESS) 637 S. Grand

20. FILE OCT 27 1936 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to Oct. 26th, 1936
I last saw her alive on October 26, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
1440
Date of onset 3 days

Other contributory causes of importance:

Placental Previa
8 Months Pregnant

Name of operation Date of
What test confirmed diagnosis? Ch. X-ray Was there an autopsy? No.

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) Dr. W. H. Walters, D.M.D.
(Address) 3608 S. Grand Blvd.

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.

11/11/11