

FEB 25 1937

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

Do not use this space.

1699
307

1. PLACE OF DEATH
County St. Louis Registration District No. _____
Township North Primary Registration District No. _____
City Kansas City (No. St. Marys Hospital) _____ St. _____ Ward _____

2. FULL NAME Sister M. Bernarda - (Mary Pleis)
(a) Residence, No. St. Marys Hospital 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 27

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

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 Missouri

13. NAME Bernard Pleis

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

15. MAIDEN NAME Catherin Hoemmelke

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

17. INFORMANT (ADDRESS) Mr. Bernard Pleis
St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Missouri DATE January 31

19. UNDERTAKER (ADDRESS) John F. ...
St. Louis, Missouri

20. FILED 23 - 37 M. C. ...
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 14, 1937, to 22, 1937
I last saw her alive on 1 - 22, 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 1 - 14 - 37

Other contributory causes of importance
Hemolytic Familial Icterus

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) Robert M. Barker M. D.
(Address) 736 Asgyle

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.

