

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.

MAR 5-1937

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

Do not use this space.

8828

1. PLACE OF DEATH

County: ..... Registration District No. **791**

Township: ..... Primary Registration District No. **1003 2**

City **St. Louis Mo.** (No. **2804 California**) (Ward. **24**)

2. FULL NAME **Christina Planthold**

(a) Residence, No. **2804 California Ave.** (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **54** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....

Registered No. **2317**

St. .... Ward) ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF **Ferdinand Planthold (Deceased)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 17 1856**

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

**80 5 8**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **house work**

10. Date deceased last worked at this occupation (month and year) **Feb 22-1937**

11. Total time (years) spent in this occupation. **50 years**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

13. NAME **Mathias Eicht 10**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 31**

15. MAIDEN NAME **Don't know 31**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT **Herman N. Planthold** (ADDRESS) **2919a Meramec St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Paul Cemetery** DATE **March 1 1937**

19. UNDERTAKER **J. H. Iseken** (ADDRESS) **2630 Spruce Ave**

20. **FEB 25 1937** Registrar. **J. H. Bradeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 25<sup>th</sup> 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 15 1934** to **Feb 25 1937**

I last saw h/c. .... alive on **February 25 1937**. Death is said to have occurred on the date stated above, at **7:45 a.m.**

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

**Chronic arterio sclerosis 1937**

**Coronary Thrombosis 24 hrs**

Other contributory causes of importance:

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 **Adam C. Youngman** (Signed) M. D. (Address) **5439 Travis. 1**

899

