

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.

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

32330

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. Registered No. **8384**
(c) City **St. Louis, Mo.** (d) Street No. **8452 Edna Ave.** **1008** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Johanna D. Pleitner
(a) Residence, No. **8452 Edna Ave.** St. **3** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 HUSBAND OF (OR) WIFE OF **the late Frederick Pleitner**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19-1863**
7. AGE YEARS **74** MONTHS **6** DAYS **15** If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housework 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) **Germany**
13. NAME **Frederick Korth**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Helen Zerbe**
2411 Charlick Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Sept. 7-37**
19. FUNERAL DIRECTOR (ADDRESS) **Henry Leidner & Co.**
1417 N. Market St.

20. **SEP 7 1937** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 4-37** 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 18**, 19**37**, to **Sept 4**, 19**37**
I last saw **her** alive on **Sept 4**, 19**37** Death is said to have occurred on the date stated above, at **11:30 PM.**
The principal cause of death and related causes of importance were as follows:

Massive infectious hemorrhage;

Carcinoma of sigmoid colon.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? **no**
If so, specify
(Signed) **H.E. Morris**, M. D.
(Address) **4005 W. Florissant**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1674
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____. L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)