

REC'D FEB 10 1939

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

791
1003635
Do not use this space.

635

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. Park Lane Memorial Hospital 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

426 Bertha Ploeser
(a) Residence, No. 4710 Eichellberger St. 2
(Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Christian Ploeser

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

MOTHER 15. MAIDEN NAME Elizabeth Luft

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

17. INFORMANT Mrs. Dornhoeffer
(ADDRESS) 4710 Eichellberger

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cm. DATE 1/21/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
(ADDRESS) 2201 S. Grand Bl.

20. FILED JAN 20 1939

J. F. Beck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Jan 19, 1939
I last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 12.15 P.M.
The principal cause of death and related causes of importance were as follows:

X Cerebral Hemorrhage
Right
Date of onset Jan 19

Other contributory causes of importance:

X Cerebral Sclerosis
+ Hypertension

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—
Where did injury occur? No (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

X (Signed) Samuel D. Smith, M. D.
(Address) 4930 Lindell Blvd., St. Louis, Mo.

Call Home Memorial Hospital

Kendall

Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Nancy A. Stewart*

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, above space should be left blank.