

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

646

Registration District No. _____

791

Primary Registration District No. _____

Registrar's No. _____

646

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis
- (If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 6824 Salzburger 2
- (If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether)
- In this community 60 YRS (Specify whether)
- years, months or days

8. (a) PRINT FULL NAME George Ploesser 426

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Amalia Ploesser 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased June 9 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 7 11 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Machinist

11. Industry or business _____

12. Name Henry Ploesser18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Amalia Ploesser(b) Address 6824 Salzburger17. (a) Burial (b) Date thereof 1-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Paul Church Yard18. (a) Signature of funeral director Schumacher Und. Co.(b) Address 3013 Meramec19. (a) JAN 23 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
- (c) City or town St. Louis 2
- (If outside city or town limits, write "RURAL")
- (d) Street No. 6824 Salzburger
- (If rural, give location)
- (e) If foreign born, how long in U. S. A. 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1940 hour 6.15 minute P. M.21. I hereby certify that I attended the deceased from 7-15-
1939, to 1-20, 1940;that I last saw him alive on 1-19- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Diabetes mellitus _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature O. J. Jones (M. D. or other) M.D.Address 3616 S. Brady Date signed 1-22

3616 S. Ironsbury

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.....

Gregory Dubauba
working under my personal supervision.

Registered Apprentice No. _____

Jack Dubauba
Signed

Licensed Embalmer No. 2906

P. O. Address. 3013 Mason

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.