S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4506

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1336

FILED MAR 12 1940

1. PLACE OF DEATH

(a) County St. Louis 1

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEATH:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") 9

(d) Street No. 4409 Blair Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 15 y/rs years.

3. (a) PRINT FULL NAME Katherine Plichta

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowe

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Ma rch 10 1860 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) Germany (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name John Selinske

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Helene Ordowski

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Ma rtha Saurle

(b) Address 4409 Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) FEB 9 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2-2- 1940, to 2-8 1940, that I last saw her alive on 2-8 1940, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 21677 Date signed 2-8-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. J. Garvin
2767 Park Ave Lacede 1844
Prospect 4007

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 Frank A. Moore

Licensed Embalmer No. 3.041

P. O. Address 2117 E Gra

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.