

MAY 13 1940

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 130

8. (a) PRINT FULL NAME Mary Elizabeth Platte

8. (b) If veteran, name war ✓ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased May 24 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace St. Charles, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Joseph Platte  
18. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hechtmaier  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Platte  
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof April 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dalmeyer & Sons  
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 4/6/40 (b) Charles H. Herley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714 N. Benton Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov 2  
\_\_\_\_\_, 1939, to Apr. 4, 1940;  
that I last saw her alive on Apr. 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration 2 days

Due to Coroio-Renal Insuff. or Dec. ?

Due to Uremia & Arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death) 121

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? ✓ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Herley (M. D. or other) ✓  
Address St. Charles, Mo. Date signed 4-6-40

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.

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**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.....

*John E. Dallmeier*

Licensed Embalmer No. *2971*

P. O. Address *St. Charles Mo*

**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.**