

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **720**
Registrar's No. **513**

FILED FEB 24 1942

Registration District No. **791**Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 Days**
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT
FULL NAME **Katie Plate**3. (b) If veteran, name war **no** 3. (c) Social Security No. **nno**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 Divorced**6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased **August 21, 1880**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 4 22 hr. min.9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER
 { 12. Name **Henry Plate**
 { 13. Birthplace **Don't Know** **9 97**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Don't Know**
 { 15. Birthplace **Don't Know** **9 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Olga Brockmeyer**(b) Address **2213 S. 4th St.**17. (a) **Burial** (b) Date thereof **Jan. 17, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **St. Matthews Cemetery**18. (a) Signature of funeral director **Weick Bros.**(b) Address **2201 S. Grand Bl.**19. (a) **JAN 17 1942** (b) **J. J. Brueck**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **2317**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2213 S. 2nd S.** **9**
(If rural, give location)
 (e) Citizen of foreign country? **8** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **13.**
year **1942** hour **11:20** minute **A..M.**21. I hereby certify that I attended the deceased from **January**
3. 19 **42** to **January 13.** 19 **42**
that I last saw h.....er alive on **January 13.** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pulmonary embolism**
Chronic pulmonary disease, 30 yrs.
 Due to **mitral stenosis**
& auricular fibrillation
 Due to **infective rheumatic fever**

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations **Bilateral deafness - post-entheralitis**Of autopsy **Note above**

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 **Joseph E. Donkanel** (M. D. or other) **0**
 Address **1515 Lafayette Ave.** Date signed **1/13/42**

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.....

W. Stewart

Licensed Embalmer No..... 3722.....

P. O. Address 412 Duchouquette S. •

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, fact should be so stated above.