

1997

S. No. 2  
M-9-4-41  
ev. 5-17-39  
X29484

12960

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. ....  
Registrar's No. 3882

FILED MAY 13 1942 91  
Registration District No. ....

Primary Registration District No. ....

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

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days  
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis, 2-3 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 1618 S. 14 Str. 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Agnes Plisic

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30,  
year 1942 hour 2:40 minute A. M.

4. Sex Female / 5. Color or race Wht.

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Lawrence Plisic

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown abt. 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 23, 1942, to April 30, 1942  
that I last saw her alive on April 30, 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>abt.</u>	<u>63</u>	<u>Unknown</u>		hr. min.

Immediate cause of death Diabetic Mellitus  
& gangrene.

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

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

61  
39

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Vaclav Nahlik

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

{ 14. Maiden name Barbara Klasek

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Lawrence Plisic

(b) Address 1618 S. 14 Str.

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?

17. (a) Burial (b) Date thereof May, 2, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

While at work? (Specify type of place) (r) Means of injury

23. Signature Chas. K. Bruhl M.D. (Date or other)  
Address 1515 Lafayette Avenue, 1/30/42  
Date signed

18. (a) Signature of funeral director Jim E. Moydell

(b) Address 1926 Allen Ave.

19. (a) MAY 1 1942 (b) J. F. Brisset  
(Date received local registrar) (Registrar's signature)

**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 JWC

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

Signed J. C. Moydell

Licensed Embalmer No. 1467

P. O. Address J. C. Moydell

**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.**