

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

34878

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 2140

FILED NOV 6 1942
Registration District No. 182

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Pine Crest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6824 Salzburger
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Amalia Ploesser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1942 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from October 6th 1942 to Oct 13th 1942
that I last saw her alive on October 12th 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Geo. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage.

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day
76 4 13 hr. _____ min.

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

10. Usual occupation Nil.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Henry Schwartz

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Otto Fink
(b) Address 6114 Carlsbad

17. (a) Burial (b) Date thereof 10-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ch. Yd.

18. (a) Signature of funeral director H. Schumacher
(b) Address 3013 Meramec St.

19. (a) OCT 14 1942 (b) C. J. Mc
(Date received local registrar) (Registrar's signature)

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 R. N. Jansen (M. D. or _____)
Address Manchester, Mo. Date signed 10/13/42

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
Clarence J. Rochow, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.

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