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OM-542  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 10 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2296

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

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1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution: O'Sullivan's Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mos. (Specify whether years, months or days)

In this community Yes

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Normandy  
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 St. Ann's Lane  
(If rural, give location)

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

3. (a) PRINT FULL NAME Frances Militzer

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased August 10 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework at home

11. Industry or business.....

MOTHER FATHER {

12. Name Joseph Placht

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

14. Maiden name Frances Hoger

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

16. (a) Informant Joseph Placht

(b) Address 1438 S. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullen Kelly  
(b) Address 7267 Natural Bridge

19. (a) NOV 4 - 1942 (Date received local registrar) (b) E. J. Mc Carmon  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 1942 to Nov. 2 1942 that I last saw her alive on Nov. 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Injuncted Heart  
Senial Arteriosclerosis

Due to Coronary of Chole  
infarct to other areas

Due to.....

Other conditions 4/6  
(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?

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

23. Signature A. C. W. Salerno (M. D. or other) Do

Address 7320 S. Brentwood Rd. Date signed Nov 3, 1942

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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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

**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.

SMI