

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9045**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution:
7315 Esplanade Ave
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
 (d) Street No. 7315 Esplanade Ave
 (e) Citizen of foreign country? No.
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Pleis

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

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

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

7. Birth date of deceased 2/28/72
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 12 hr. min.

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

10. Usual occupation At home

11. Industry or business Housewife

12. Name Theodore Ahrens

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

14. Maiden name Elizabeth Mueller

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

16. (a) Informant Helen Carr

(b) Address 7315 Esplanade Ave.

17. (a) Burial (b) Date thereof 10/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT 14 1943 (b) J. F. Budeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
 year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10/5/43, 19____, to 10/10/43, 19____

that I last saw her alive on 10/10/43, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs Duration 6 hrs

Due to myocarditis Duration 6 days
from the myocarditis

Due to arteriosclerosis Duration 4 yrs

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy None

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 H. L. Lucker (M. D. or D.D.S.) 740

Address 2816 Sutton Ave. Date signed 10/13/43

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

MOTHER FATHER

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.....

Van M. Spurgeon

Licensed Embalmer No. *4343*

P. O. Address.....
*7415 Zephyr Pl
Maple Hill, 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, fact should be so stated above.