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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22494
Registrar's No. 8856

FILED OCT 19 1943

Registration District No. 318

Primary Registration District No. 1003

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 5 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 LAFAYETTE AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Pluemer

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 3 DIVORCED
6. (b) Name of husband or wife WALTER PERSCHBACHER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 25 1918
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY PLUEMER
13. Birthplace ST. LOUIS MO. O
(City, town, or county) (State or foreign country)
14. Maiden name MARIE ALBERS
15. Birthplace ST. LOUIS MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Schumaker

(b) Address 4124 CLAY AV.

17. (a) BURIAL (b) Date thereof Oct 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) OCT 7 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6,
year 1943 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from October 2, 1943 to October 6, 1943
that I last saw her alive on October 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute yellow atrophy of the liver
Due to _____

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

Major findings: Of operations _____
Of autopsy as 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 Paul J. Norbel (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 10/6/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Jon B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 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.