

FILED APR 8 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12160

State File No.

796

Registrar's No.

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2634 Gurney Ct.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Tony J. Placht

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emilie T. Placht 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Jan. 10th 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 2 22 hr. min.

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

10. Usual occupation Music Store Owner

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Joseph Placht  
13. Birthplace Unknown Hungary  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emilie T. Placht  
(b) Address 2634 Gurney Ct.

17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshausner Mortuar  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APP 8 (b) E. G. McNamee  
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1944 hour 3:47 minute A.M.

21. I hereby certify that I attended the deceased from Nov 14 1943 until death, 19\_\_\_\_;  
that I last saw him alive on March 23, 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia (bilateral) U.K.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions infectious embolism of  
(Include pregnancy within 3 months of death)  
left testis & epididymis +

Major findings: lung metastases  
Of operations: \_\_\_\_\_

Of autopsy same as above plus

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 E. G. McNamee M.D. or other M.D.  
Address 1010 Paulina Date signed 4/3/44

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

96  
8  
3

Dr. J. M. Bennett  
Arcade Bldg. 1-3 Ch. 5894

444 Madison Lane

Wm 0086

Dr. Kennedy -

**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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**