

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 I X35897

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED APR 26 1944**  
 Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
 Primary Registration District No. **1003**

State File No. **13209**  
 Registrar's No. **3550**

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4mos. Home for the Aged  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4mos.  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3400 So. Grand Blvd.  
4126 E. Iowa (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Pleis  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation City Work

11. Industry or business \_\_\_\_\_

12. Name William Pleis  
 13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't Know  
 15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Theresa  
 (b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 4/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peter's and Paul Cerm.

18. (a) Signature of funeral director Babken - New Mexican  
 (b) Address 2842 Meramec St

19. (a) APR 18 1944 (b) J. J. Buresch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 17th  
 year 1944 hour 7 minute A. M.  
 21. I hereby certify that I attended the deceased from Dec 7 to Apr 17  
 that I last saw him alive on Apr 17 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Insufficiency  
Cardiac Asthma  
Arterio Sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 [Signature] (M.D. or other) \_\_\_\_\_  
 Address Union Club Bldg Date signed 4/19/44

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe S. Benz  
Licensed Embalmer No. 4249  
P. O. Address 2842 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.**