S. No. 2
M--2-43
5-17-39
1 X35897

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. 16649

Registration District No. FILED JUN 9 1944 318

Primary Registration District No. 1003

Registrar's No. 4999

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1309 Graham Ave. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1309 Graham Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME: FRED THOMAS PLACKE

3. (b) If veteran, name war: None

3. (c) Social Security No.: 494-09-8120

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna Placke

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: Sept. (Month) 9 (Day) 1895 (Year)

8. AGE: Years 58 Months 8 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation: JANITOR

11. Industry or business: ST JAMES CHURCH

MOTHER FATHER

12. Name: Henry Placke

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

14. Maiden name: Theresa Hetherington

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

16. (a) Informant: Mrs. Anna Placke

(b) Address: 1309 Graham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuary

(b) Address: 4228 So. Kingshighway

19. (a) MAY 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 1:53 minute P.M.

21. I hereby certify that I attended the deceased from May 9 1944 to May 30 1944 that I last saw him alive on May 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE CARDIAC DECOMPENSATION — Duration 2 WKS.

Due to: 124

Due to:

Other conditions (Include pregnancy within 3 months of death): CHRONIC MYOCARDITIS — 4 YRS

HYPERTROPHIC CIRRHOSIS of LIVER

Major findings:

Of operations:

Of autopsy:

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? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: B. A. Overland (M. D. or other) MD

Address: 5930 Dauchurst Ave. Date signed: 5-31-44

(Licensed Embalmer's Statement on Reverse Side)

Mr. Cleveland
5930 Locust

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 O. 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.