

Registration District No. _____ Primary Registration District No. _____

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:
1851 S. 11 Str
(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 Missouri (b) County _____
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1851 South 11 Str.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Pluhar

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 5. Color or race Wht.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Andrew Pluhar

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

7. Birth date of deceased April 5 1853
(Month) (Day) (Year)

8. AGE: Years Months Days

| | | |
|----|---|----|
| 91 | 8 | 28 |
|----|---|----|

If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Kara

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

14. Maiden name Unknown

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

16. (a) Informant Annie Kalina

(b) Address 1851 S. 11 Str.

17. (a) Burial (b) Date thereof 1/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) JAN 4 1945 (b) J. F. Barick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
 year 45 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-1-
 _____, 1944, to 1-4, 1945
 that I last saw h. ✓ alive on 1-3-, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 L. F. Murray (M. D. or other) _____
 Address 900 - Russell Date signed 1-4-45

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 me

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Alliance

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.