

FILED MAY 26 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3437 Utah St.
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3437 Utah St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Plesh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Justine 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov. 27, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12 th
year 1945 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from March 15, 1945
to May 12, 1945
that I last saw him live on May 12, 1945
and that death occurred on the date and hour stated above.

8. AGE:
Years 61 Months 5 Days 15 If less than one day
hr. _____ min. _____

Immediate cause of death: Acute Cor. Disease
Relat. to
Neuronal myocardial inf.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93

9. Birthplace Hungary (City, town, or county) (State or foreign country) 4
10. Usual occupation Pastry cook

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Martin Plesch
13. Birthplace Hungary (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) (State or foreign country) 4

16. (a) Informant Justine Plesch
(b) Address 3437 Utah St.
17. (a) Burial (b) Date thereof May 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

22. If death was due to external causes, fill in the following:
(c) 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? _____

18. (a) Signature of funeral director Schumacher and Co
(b) Address 3013 Meramec St.
19. (a) MAY 14 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature W. J. ... M. D. or other _____
Address 1728 ... Date signed 5/12/45

Handwritten scribbles and illegible text in the top left corner.

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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 Francis Williamson

Licensed Embalmer No. 3565

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4272

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: 3437 Utah St
(If not in hospital of 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. 3437 Utah St
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Plesch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH Month May day 12
year 1945 hour _____ minute _____ M.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Nov - 27 - 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 5 15 _____ hr. _____ min.

Immediate cause of death _____
Due to _____
Due to _____

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

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

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) JUN 5 1945 (b) J. F. Bredeck
(Date received local health officer) (Registrar's signature)

22. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTAL

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

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