

S. No. 2
OM-8-43
v. 5-17-39
X37823

State File No. 19119
5545
Registrar's No.

FILED JUL 14 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: Mo. Pac. Hosp
(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 000

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

(d) Street No. 8308 Yuleau
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Pauline Pleimann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 45 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from 6-21
1945, to 6-24 1945

that I last saw her alive on 6-24 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward T.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 1, 1882
(Month) (Day) (Year)

Immediate cause of death Cardiac failure
Post OP embolism kidney
severe hypertension

Due to Alcohol

Due to 1/2

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

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Marx

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

14. Maiden name Antonina

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

16. (a) Informant Edward T. Pleimann

(b) Address 8308 Yuleau

17. (a) Burial (b) Date thereof 6/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elvira

18. (a) Signature of funeral director Jas. P. Funder Jr.

(b) Address 7128 Michigan

19. (a) J. F. Bredek (b) _____
(Date and location) (Registrar's signature)

Major findings: (Underline) Unreducible embolism
kidney
irreducible

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Hubert (M. D. or other) MD

Address Mo. Pac. Hosp Date signed 6-24-45

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 _____
working under my personal supervision.

Registered Apprentice No. _____
Signed Ray J. Gentaubault
Licensed Embalmer No. 2986
P. O. Address 178 Michigan

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.