

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32268**
Registrar's No. **8874**

FILED OCT 25 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**
(c) Name of hospital or institution: **Missouri Baptist Hospital**
(d) Length of stay: **6 days**
In this community **6 days**

3. (a) PRINT FULL NAME **William E. Placke**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Mary Bohbrink Placke**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 6, 1867**

8. AGE: Years **77** Months **11** Days **7**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Retired**

MOTHER FATHER
12. Name **Conrad Placke**
13. Birthplace **Unknown Germany**
14. Maiden name **Minnie Doelling**
15. Birthplace **Unknown Germany**

16. (a) Informant **Mrs Myrtle Barber**
(b) Address **4542 N. Kingshighway**

17. (a) **Burial**
(b) Date thereof **10/16/45**
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **OCT 15 1945**
(b) Registrar's signature **J. F. Bredeek**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **4542 N. Kingshighway**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **13th**
year **1945** hour **1:50 PM** minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 7**
to **Oct 13**
that I last saw him alive on **Oct 13**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Due to **Cardio Renal disease**
Due to **the arteriosclerosis**
Other conditions _____
Major findings _____
Of operations _____
Of autopsy _____

Duration **3 days**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Arthur S. Slocum**
Address **2200 _____ St**
Date signed **10/17/45**

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.....

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

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.