

#54577

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 13 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. 7817

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1994

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 24/7
(If outside city or town limits, write "RURAL")
(d) Street No. 1107a Wyoming St. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1946 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 2/25/46
_____ 19____ to 2/26/46 19____;
that I last saw him alive on 2/26/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Constrictive Heart Disease 5 years
Duration
Due to Arteriosclerotic Heart Disease ? years

Other conditions: 72
(Include pregnancy within 3 months of death)

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? _____

18. (a) Signature of funeral director Wacker-Keldner
(b) Address 3634 Gravois Ave.
23. Signature John P. Bredek 2/27/46
(Date received local registrar) _____ (Registrar's signature) _____
Address 1515 Lafayette Date signed _____

3. (a) PRINT FULL NAME

ALFRED PLAMBECK

3. (b) If veteran, name war --

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Dec. 14 1899
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Freight Handler

11. Industry or business Frisco Railroad

12. Name Emil Plambeck

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

14. Maiden name Mary Unknown

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

16. (a) Informant Arthur Plambeck

(b) Address 5644a Hebert St.

17. (a) Burial (b) Date thereof 3/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Wacker-Keldner

(b) Address 3634 Gravois Ave.

19. (a) FEB 28 1948 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

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

Signed

Francis J. Howard

Licensed Embalmer No.....

2645

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.