

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25617**
Registrar's No. **6197**

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:
City Hospital
(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. 5616 Michigan Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Ploeser

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-12-4202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 1:20 minute P. M.

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.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: August 4, 1869
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Arteriosclerosis

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>76</u>	<u>11</u>	<u>9</u>	hr. _____ min. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Beer Bottler

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Ploeser

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

14. Maiden name Unknown

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Helen Whitworth

(b) Address 5616 Michigan Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: July 16, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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 Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 15 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

While at work? _____

(Specify type of place) _____

(c) Means of injury _____

23. Signature Alfred [Signature] (M.D. or other) _____

Date signed 7/18/46

2

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.