S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34561

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 267

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dardenn Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Five Mounths
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dardenn, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie Plucinski
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
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 Sept 29 1909
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Washington Co , Ill
(City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Roman Plucinski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Johana Janowski
15. Birthplace Poland
(City, town, or county) (State or foreign country)
16. (a) Informant Helan Plucinski
(b) Address O'Fallon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 4, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Dardenn, Mo
18. (a) Signature of funeral director Marie Muschany
(b) Address Wentzville, Mo.
19. (a) NOV 4-46 (Date received local registrar) (b) E. A. Keithley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1946 hour 11 minute 30 A M.
21. I hereby certify that I attended the deceased from June, 1940 to October, 1946
that I last saw her alive on October 25, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage	minutes
Due to Pulmonary tuberculosis	8 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13B	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD.
Address 3800 So Broadway Date signed 11/2/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/14/46

DEC 19 1946

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 Marvin Muschany

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.