

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15532

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4038

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6206 Victoria Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6206 Victoria Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THERESA PLACKE

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Late Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 22 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Hetherington

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Florence Wiber

(b) Address 6206 Victoria Ave.

17. (a) Burial (b) Date thereof 4 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 18 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1 NOV 45 to 16 APRIL 47

that I last saw h ER alive on 16 APRIL 47
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 1 day

Due to CHRONIC MYOCARDITIS 15 yrs

Due to CHRONIC CIRRHOSIS OF THE LIVER 20 yrs

Other conditions _____
(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:

(c) 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 _____ Means of injury _____

23. Signature Richard H. Ray (M. D. or other) MA

Address 5930 South West Date signed 17 APR 47

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.....

Dale Staumann

....., Registered Apprentice No. *420*

working under my personal supervision.

Signed *William D White*

Licensed Embalmer No. *4291*

P. O. Address *4328 S. King Highway*

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.