

S. No. 2
1-1/47
5-17-39

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6876**
Registrar's No. **1621**

FILED FEB. 28 1948
Registration District No. **318**

Primary Registration District No. **100**

WRITE PLAINLY—USING 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:
Lutheran Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dorothy Vera Pflanz**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **n**

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Valentine Pflanz**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Feb 6, 1913**
(Month) (Day) (Year)

8. AGE: Years **35** Months **0** Days **9** If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name..... **William Ulrich**

13. Birthplace **St. Louis Mo. U**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophie Nolte**

15. Birthplace **St. Louis Mo. U**
(City, town, or county) (State or foreign country)

16. (a) Informant **Valentine Pflanz**

(b) Address **2114 Wyoming St.**

17. (a) **Burial?** (b) Date thereof **2-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Chyrd. with Bro. & Sis**

18. (a) Signature of funeral director **J. J. Bredack**

(b) Address **2929 S. Jefferson Av.**

19. (a) **FEB 17 1948** (b) **J. J. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **Mad**

(c) City or town..... **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **2114 Wyoming St.** **9**
24 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15**
year **1948** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death **rupture of spleen**
Acute fatal hemorrhage when she was found lying at the bottom of steps leading from the back porch into the basement of the Lake Club, 981 S. Broadway, Monroe, Mo. on Feb 15, 1948.

Other causes (include pregnancy within 3 months of death)
Could not be determined

PHYSICIAN

Major findings:
Of operations **115**

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence..... **Feb 15, 1948**

(c) Where did injury occur?..... **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **Club**
(Specify type of place)

While at work..... (Specify means of injury)

23. Signature **Alfred J. [unclear]** (M. D. or other)

Address **Jefferson** Date signed **2/16/48**

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.....

H. M. Davis

Licensed Embalmer No. *374*

P. O. Address *2929 So Jefferson Ave*

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.