No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6885

Registrar's No. 1597

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (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. 3011a Wyoming St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Platzer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Stephan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 22, (Day) 1875 (Year)
8. AGE: Years 72 Months 3 Days 23 If less than one day hr. min.
9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name ? Menze
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Nettie Platzer
(b) Address 3011a Wyoming St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery
18. (a) Signature of funeral director John H. Gebken Sons Und.
(b) Address 2630 Gravois Ave.
19. (a) FEB 14 1948 (Date received local registrar) (b) J. F. Brinker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 15 year 1948 hour 5, 45 minute AM 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.

Duration

Immediate cause of death (a) Lobar Pneumonia 2
Due to (b) Leg 3 Fracture of Femur Right thigh by Automobile
Due to (c) Bronchial Pneumonia 4 days
Due to (d) Cerebral Embolism 7 hrs
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Streets (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Fabrice E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 2/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address 4104 Manchester 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.