

No. 300  
M-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24622  
Registrar's No. 6282

FILED JUL 22 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

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: Barnes Hospital, 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 89 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County own 17  
(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5602 Enright 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Sam Plows

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec 15 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation President - Royal Betting Co.

11. Industry or business \_\_\_\_\_

12. Name Bernard Plows

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

14. Maiden name Elizabeth Skapira

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

16. (a) Informant Mr. Kasakoff

(b) Address 5602 Enright

17. (a) Burial (b) Date thereof 7-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ai Anthon Catholic

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 16 1948 to July 13 1948  
that I last saw him alive on July 13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration several yrs.  
Due to Congenital polycystic kidneys - several yrs duration

Other conditions External otitis, rt.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. O. Varnell (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 7/13/48

*ml*

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**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.....

*John Ketter*

Licensed Embalmer No..... *3880*

P. O. Address.....

**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.**