

Registration District No. 377

Primary Registration District No. 2663

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(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 Missouri (b) County St. Louis
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. Box 622 Rt 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Louis H. Plass

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____ to _____
DIED WITHOUT MEDICAL ATTENDANCE
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mable Plass
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 20 1882
(Month) (Day) (Year)

Immediate cause of death _____
Cause unknown

8. AGE: Years 66 Months 7 Days 21
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name William Plass

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

14. Maiden name Bonne

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

16. (a) Informant Mable Plass

(b) Address Box 622 Rt. 2 Robertson Mo

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hottelmont Ave

19. (a) 11-13-48 (b) Carol A. [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 Shurid V. Springer MD (M. D. or other)
Address Commissioner of Health Date signed 11-15-48

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

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

116223

Dr. Sharp
601 Brentwood Blvd.
Clayton, Mo.

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~~ Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address. St. Louis, 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.