

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14064**
Registrar's No. **3493**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

23

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1836 Dolman Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) V. c. (Last) PLISIC			4. DATE OF DEATH (Month) (Day) (Year) April 15-1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23-1887	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery		11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Paul Plisic		13b. MOTHER'S MAIDEN NAME Nikolena Dalata		14. NAME OF HUSBAND OR WIFE Imogene Plisic	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-03-4161		17. INFORMANT'S SIGNATURE OR NAME Imogene Plisic ADDRESS 1836 Dolman St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial disease				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 750 DUE TO (c) 1200					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **5-13-1939** to **4-15-1949**, that I last saw the deceased alive on **4-8-1949**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Jones M.D.		23b. ADDRESS 3616 S. Budy, St. Louis		23c. DATE SIGNED 4-16-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 19-1949		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 18 1949 J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Myrdell Under 1926 Allen Avenue	
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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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Signed Benj. C. Duncan

Signed _____

Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.