

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32098**  
**8464**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>5</b> OR TOWN <b>5723 Kingsbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>		d. STREET ADDRESS <b>5723 Kingsbury</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SARAH</b>		b. (Middle)	
		c. (Last) <b>PLOCKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1 1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>about 68</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>IA</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
		14. NAME OF HUSBAND OR WIFE <b>SAM PLOCKER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>BEN PLOCKER 8105 KINGSBURY</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION</b>			
		DUE TO (c) -			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HEMORRHAGE FOLLOWED OPERATION</b>		<b>5603</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>INCARCERATED VENTRAL HERNIA</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>1023</b>	
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 <b>HEMORRHAGE</b>	
22. I hereby certify that I attended the deceased from <b>SEPT 1, 1945</b> , to <b>SEPT 30, 1945</b> , that I last saw the deceased alive on <b>SEPT 1, 1945</b> , and that death occurred at <b>9 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. C. Middleton M.D.</b>		(Degree or title)		23b. ADDRESS <b>462 N. Tipton</b>	
23c. DATE SIGNED <b>10/2/49</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/2/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CHESED SHEL EMETH UNIVERSITY CITY MO.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>BERGER MEMORIAL</b>		ADDRESS <b>4715 MCPHERSON</b>	
DATE REC'D BY LOCAL REG. <b>OCT 2 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>			

*Mildred*

**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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Auding*  
.....  
Licensed Embalmer No. *4389*

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.