

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39537**  
Registrar's No. **4354**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 317 **PRIMARY REG. DIST. NO.** 6076

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ADO</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17 TOWN St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>2925 Milton Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOSEPHINE</u> b. (Middle) <u>ERNESTINE</u> c. (Last) <u>PLESSNER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 7, 1949</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>January 12, 1872</u>
<b>9. AGE</b> (In years last birthday) <u>78</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Brussell Wisconsin</u>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Walter DeKeyser</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Josephine Delveaux</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Claudius Plessner</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Frank T. Murphy</u>		<b>ADDRESS</b> <u>2925 Milton Avenue</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fracture of femur</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 weeks</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>10 yrs</u>	
DUE TO (c) <u>Hypertension</u>		<u>10 yrs</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>Good!</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>900X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Louis MO MO</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Oct 14 1949 5:00</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>Fell on stairs in home</u>			
<b>22. I hereby certify that I attended the deceased from</b> <u>May 1944</u> , to <u>Nov 7, 1949</u> , that I last saw the deceased alive on <u>Nov 7, 1949</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Reed Kramer M.D.</u>		<b>23b. ADDRESS</b> <u>694 N. DuSard</u>	
<b>23c. DATE SIGNED</b> <u>11-8-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Nov 9, 1949</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Pine Lawn Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Milwaukee Wisconsin</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-8-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. ...</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Shepard Funeral Home, 1167 Hamilton Ave.</u>		<b>ADDRESS</b>	

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

96  
200

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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 \_\_\_\_\_

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmer R. Padwell

Licensed Embalmer No. 4077

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.