

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43170
 State File No. 04767
 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 6 Days | | d. STREET ADDRESS (If rural, give location) 4509 Sulphur Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) E. c. (Last) PLACEK | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1949 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Sep't. 18, 1880 |
| 9. AGE (in years last birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) # Hermann, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Alphonse Mundwiller | | 13b. MOTHER'S MAIDEN NAME Augusta Keuper | |
| 14. NAME OF HUSBAND OR WIFE Late Frank M. Placek | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Harold Placek ADDRESS 4509 Sulphur Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon | | INTERVAL BETWEEN ONSET AND DEATH 1 yr + | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bowel Obstruction | |
| DUE TO (b) _____ | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchietis | | 153X 18 yrs. | |
| 19a. DATE OF OPERATION 12/21/49 | 19b. MAJOR FINDINGS OF OPERATION Bowel Spstriction of Colon Cancer | | 20. AUTOPSY? 153X 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) | |
| 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? | |
| 22. I hereby certify that I attended the deceased from 12/16 , 19 49 , to 12/22 , 19 49 , that I last saw the deceased alive on 12/21/49 , 19 49 , and that death occurred at 8:10A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Thomas Ambler M.D. (Degree or title) | | 23b. ADDRESS 508 N Grand Blvd | 23c. DATE SIGNED 12/23/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 27, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| DATE REC'D BY LOCAL REG. 12-23-49 | REGISTRAR'S SIGNATURE Herbert R. Dombke, M.A. | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl. | |

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

46

108 N. Grand T-3 RR

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 Richard H. Stoverson

Licensed Embalmer No. 4007

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.