

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

State File No. 14878  
3309  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.				
1. PLACE OF DEATH a. COUNTY				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 St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2029				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5407 Loughborough Ave.				d. STREET ADDRESS (If rural, give location) 5407 Loughborough Ave.						
3. NAME OF DECEASED (Type or Print) LAURA			a. (First)			b. (Middle)				
c. (Last) PLACKMEYER			4. DATE OF DEATH April 6 1950			(Month) (Day) (Year)				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 7, 1902		9. AGE (In years last birthday) 47		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Aid		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Henry H. Krueger			13b. MOTHER'S MAIDEN NAME Anna M. Keiser			14. NAME OF HUSBAND OR WIFE Late Emmett Plackmeyer				
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.			17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Cooper			ADDRESS 5407 Loughborough	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 11 mo.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Adenocarcinoma of ovary						
		ANTECEDENT CAUSES		with metastasis to						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		liver and intestines						
		DUE TO (b)		none						
		DUE TO (c)								
		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"/>		
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) 175X		21d. (COUNTY) St. Louis		21e. (STATE) Mo.		
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 9 May, 1949, to 6 Apr, 1950, that I last saw the deceased alive on 6 Apr, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.										
23a. SIGNATURE Richard H. Kay, M.D.				(Degree or title)		23b. ADDRESS 5930 Southwest		23c. DATE SIGNED 7 Apr 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.				
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE APR 10 1950 J. B. Suster		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.						

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

1730 for record

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*Richard W. Stovesand*

Signed.....  
Student Embalmer

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.