

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15440**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>919</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Mattese Rural</b>		c. LENGTH OF STAY (in this place) <b>87</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mattese Rural</b>		<b>48.70</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mattese School Road of 21 HI.</b>				d. STREET ADDRESS (If rural, give location) <b>Mattese School Road Off Hi. 21.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b>		b. (Middle) _____		c. (Last) <b>Ploesser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 8 1950</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>December 23, 1870</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13a. FATHER'S NAME <b>John Schmidt</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Soucek</b>		14. NAME OF HUSBAND OR WIFE <b>Henry</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis H. Ploesser</b> ADDRESS <b>Rt. 8 Lemay 23, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>No Active Pulchosis</b> 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.					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>422.1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NI</b>		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) (Minute) _____		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 <b>Sept 8, 1948</b> , to <b>April 8, 1950</b> , that I last saw the deceased alive on <b>April 8, 1950</b> , and that death occurred at <b>2.30 P.M.</b> on the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>H. Schminem</b>				23b. ADDRESS <b>6814 Garris Ave.</b>		23c. DATE SIGNED <b>4/8/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 11, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Old St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mehlville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-9-50</b>		REGISTRAR'S SIGNATURE <b>Hubert P. Donho</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>		ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

6811-2  
7-8 PM  
Bromine

**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 Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brown

**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.