

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 21297
5537

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>58 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firman Des Loge Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2119</u>	
		d. STREET ADDRESS (If rural, give location) <u>3954 Lexington St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>L.</u> c. (Last) <u>PLOSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>30 November 1892</u>
9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Appraiser</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Ploss</u>		13b. MOTHER'S MAIDEN NAME <u>Frieda Heitgras</u>	
14. NAME OF HUSBAND OR WIFE <u>Vida Ploss</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>488-09-5949</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vida Ploss</u> ADDRESS <u>3954 Lexington</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u> ANTECEDENT CAUSES <u>none</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>none</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>6/17, 1951</u> , to <u>6/17, 1951</u> , that I last saw the deceased alive on <u>6/17, 1951</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert E. Fox, M.D.</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand Blvd</u>	
23c. DATE SIGNED <u>6/19/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>20 June 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 19 1951</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Provoost Under</u> ADDRESS <u>3710 1/2 Grand</u>	

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

Pr. for
Mo. Home Bldg.
10 - 32 - 1 Am

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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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis Mo

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.