

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29901

State File No.

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7584**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2267</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)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>26 I612 Helen</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I612 Helen</u>			d. STREET ADDRESS (If rural, give location) <u>26 I612 Helen</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olla</u> b. (Middle) <u>---</u> c. (Last) <u>Pliszka</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1920</u>	9. AGE (In years last birthday) <u>31</u>	10. UNDER 1 YEAR OF UNDER 18 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Cavat W. Yates</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Mae Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley Pliszka</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>333-03-7036</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Stanley Pliszka 1612 Helen St. Louis Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Barbituric Acid Poisoning</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>self administered at her home at 1612 a Helen St</u> DUE TO <u>on or about Aug 8 1952</u> DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS <u>exact time unknown</u> Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE OR OTHER (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo.</u>	21. HOW DID INJURY OCCUR? <u>E9.702</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 8 52 ? a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dying on _____, 19____, and that death occurred at <u>9:20P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph M. ...</u>			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/9/52</u>
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Aug. 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>	24d. LOCATION (City, town, or county) (State) <u>Granite City Ill.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 9 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Frank Mercer Granite City Ill.</u>			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles E. Meyer

Licensed Embalmer No. *2988*

P. O. Address *Granite City*

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.