

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12163**  
**2700**

|   |                               |  |  |  |   |   |   |
|---|-------------------------------|--|--|--|---|---|---|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____  |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>   |                               | c. LENGTH OF STAY (If this place) <b>16 days</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>  |   | <b>2109</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |                               |  |  | d. STREET ADDRESS (If rural, give location) <b>4160 Fair Ave.</b>  |   |   |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Edward</b>   |                               | b. (Middle) <b>F.</b>  |  | c. (Last) <b>Plitt</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>March 8, 1953.</b>                         |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>Jan. 29, 1888</b>  | 9. AGE (In years last birthday) <b>65</b> | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 10 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>Henry Plitt</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Lena Feldman</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Louise C. Plitt</b>   |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>   |                               | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louise C. Plitt, 4160 Fair Ave.</b>  |   | ADDRESS _____   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Gall bladder.</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary arteriosclerosis</b> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b><br><br><b>many years</b>         |   |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) _____  |   | 21f. HOW DID INJURY OCCUR? <b>1561</b>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 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 <b>Sept 1948</b> to <b>8 March 1953</b> , that I last saw the deceased alive on <b>8 March 1953</b> , and that death occurred at <b>2:20 P.M.</b> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE <b>Marie C. Scherman M.D.</b>  |                               | (Degree or title)  |  | 23b. ADDRESS <b>4339 Natural Bridge</b>  |   | 23c. DATE SIGNED <b>3/10/53.</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>3/11/53.</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>          |   |
| DATE REC'D BY LOCAL AG. <b>MAR 11 1953</b>  |                               | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>   |   |   |   |

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

9566  
1-3 P.M.

**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 John A. Miller  
Licensed Embalmer No. 4186

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.