

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44429**
Registrar's No. **11573**

FILED JAN 5 - 1954

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 44429		Registrar's No. 11573	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bethesda St. Louis township)			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Gen. Hospital					d. STREET ADDRESS (If rural, give location) Bethesda Home 3649 Vista Ave.				
3. NAME OF DECEASED (Type or Print)		a. (First) Lillie		b. (Middle) F.		c. (Last) Plogstert		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED		8. DATE OF BIRTH Sept. 12, 1867		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 12 Hrs. Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework-Doctors			10b. KIND OF BUSINESS OR INDUSTRY Ass't.-Retired		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Plogstert			13b. MOTHER'S MAIDEN NAME Katherine Ameling			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C.H. Rulfs,		ADDRESS 612 Bedford Oaks Dr.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis + Uremia	II. OTHER SIGNIFICANT CONDITIONS								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES								
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
	DUE TO (b) Generalized Arteriosclerosis								
	DUE TO (c)								
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) (COUNTY) (STATE)				
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? 6000				
22. I hereby certify that I attended the deceased from Nov. 18, 1953 , to Dec 6, 1953 , that I last saw the deceased alive on Dec 6, 1953 , and that death occurred at 3:45A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Malcolm B. Bawell MD.					23b. ADDRESS 4660 Maryland			23c. DATE SIGNED 12/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/9/53	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. DEC 7 1953		REGISTRAR'S SIGNATURE Carl Smith MD.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl				

WRITE PLAINLY—USING UNFADING 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

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

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.