No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11265

BIRTH NO. FILED MAR 26 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2527

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

**1. PLACE OF DEATH**
a. COUNTY: ~~Missouri~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 4462
d. STREET ADDRESS (If rural, give location): ~~5351 Delmar~~ 915 Demun

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harriet
b. (Middle): Louise
c. (Last): Platt

**4. DATE OF DEATH** (Month) (Day) (Year): 3- 9-1956

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): W
**8. DATE OF BIRTH**: Oct. 9, 1862
**9. AGE** (In years last birthday): 93 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Climton, N.Y.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Braudis
**13b. MOTHER'S MAIDEN NAME**: Harriett Hart
**14. NAME OF HUSBAND OR WIFE**: Aaron Platt (Deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Masonic Home of Missouri — ADDRESS: Lewis C. Robertson, Supt.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | ACUTE MYOCARDIAL INFARCTION | 2 WKS |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | ARTERIOSCLEROSIS, CORONARY | 10 YRS |
| DUE TO (c) | ARTERIOSCLEROSIS, GENERALIZED | 10 YRS |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | AURICULAR FIBRILLATION | 5 YEARS |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 420.1
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* JAN. 18, 1954, *to* MAR. 9, 1956, *that I last saw the deceased alive on* MAR 9, 1956, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert A. Hall M.D.
**23b. ADDRESS**: 5351 DELMAR St. Louis, Mo
**23c. DATE SIGNED**: MAR 10, 1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: March 12, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Bellefontaine Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: MAR 12 1956
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: A. Lexander & Sons — **ADDRESS**: 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6179 Delma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.