

Health, Welfare, Public Service
 300
 -56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written or listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

TANNER

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40046

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2786

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FERGUSON c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION HILL TOP HOUSE Length of stay in lb 5 DAYS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS c. CITY OR TOWN BERKELEY MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 6050 BERKELEY DR (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EMMA Middle PLASKY Last PLASKY			4. DATE OF DEATH Month NOV Day 26 Year 1956				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUN-11-1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 15		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME ADAM ALLMEPOTH			14. MOTHER'S MAIDEN NAME ERNESTINE SCHMIDT				
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 Mr. William Plasky Berkeley Address 6050				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 3		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Nov 21, 1956 to Nov 26, 1956 and last saw her ^{alive} on Nov. 26-1956 Death occurred at 6:30 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John G. McInerney M.D.		22b. ADDRESS 5014 Thekla Av		22c. DATE SIGNED 11/26/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-28-56	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO		
24. FUNERAL DIRECTOR L. B. Tanner, Natural Bridge		ADDRESS 6107	25. DATE RECD. BY LOCAL REG. 11-27-56		26. REGISTRAR'S SIGNATURE Herbert B. Donke		

(Licensed Embalmer, 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, ~~by~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. *Elon R. Rene*

Licensed Embalmer No. *42*

P. O. Address *H. Lou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.