Health, Welfare Public Service

300 -57

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035018
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2418

1. PLACE OF DEATH
a. COUNTY St.Mar St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hospital — Length of stay in 1b 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Kirkwood 4693 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 10341 Manchester Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Anna Middle Last Ploussard

4. DATE OF DEATH Month Day Year Sept. 20th. 1958

5. SEX F. 1

6. COLOR OR RACE W.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH 7-8-1869

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY house-wife

11. BIRTHPLACE (City and state or country) Farmer City Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Truenkle

13b. MOTHER'S MAIDEN NAME U.K.

14. NAME OF HUSBAND OR WIFE Alfred Ploussard (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Dr.Charles Ploussard Address 550 W.Thomas Road

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Suicidal Possible Cancer of Lung
DUE TO (c) 4821 H

INTERVAL BETWEEN ONSET AND DEATH: 20-days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ✓

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 9/1/58, to 9/20-58 and last saw her alive on 9/20-58
Death occurred at 9.15 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Peter O'Reilly M D

22b. ADDRESS 730 Hodiamont

22c. DATE SIGNED 9-20-58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal R.R.

23b. DATE 9-23-1958

23c. NAME OF CEMETERY OR CREMATORY St.Joseph Cemetery

23d. LOCATION (City, town, or county) Farmer City (State) Illinois

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG. 9-20-58

26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Jr

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3565

P. O. Address 3840 Lin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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