

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003924

FILED VS JAN 15 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-35

INDEXED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Lifetime	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5055 N. Union Ave (15)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) OSCAR L. PLOESSER Sr.			4. DATE OF DEATH Month Jan. Day 3 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/78	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipeman (Waterworks) Retired		10b. KIND OF BUSINESS OR INDUSTRY City St. Louis,	11. BIRTHPLACE (City and state or country) St. Louis, MO.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles J. Ploesser		13b. MOTHER'S MAIDEN NAME Anna M. Frederick		14. NAME OF HUSBAND OR WIFE Mary M. Ploesser	
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. 500-34-7647A	17. INFORMANT Address Ann Coker 5055 N. Union Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANEURYSM AORTA RUPTURE ADOMINAL			INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abdominal aortic aneurysm			2 years		
DUE TO (c) 451x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension felt irregular 12-9-59 (Grandma)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) Brain aneurysm	
20c. TIME OF INJURY Hour _____ 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 27 Mar 1957 to 1-3-60 and last saw him alive on 1-1-60 Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S. Dworkin M.D.			22b. ADDRESS 1657 So Grand		22c. DATE SIGNED 1-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/6/1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) (State) St. Louis County MO.	
24. FUNERAL DIRECTOR SUEMEYER & SON'S 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. JAN 4 1960		26. REGISTRAR'S SIGNATURE Head Smith, M.D. S.P.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. Binkley*

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.