

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047357

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3398

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in 1b D.O.A.	c. CITY OR TOWN ARNOLD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 2-Box 183 B Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELMER Middle MELVIN Last PLACHT			4. DATE OF DEATH Month Nov Day 28 Year 1961		
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 MAY-1-1919	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 6 Days 27 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY COCA COLA BOTTLING	11. BIRTHPLACE (City and state or country) ST LOUIS	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME WILLIAM C. PLACHT		13b. MOTHER'S MAIDEN NAME LENA BOLLINGER		14. NAME OF HUSBAND OR WIFE MILDRED PLACHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW #2		16. SOCIAL SECURITY NO. WW #2	17. INFORMANT MILDRED PLACHT Address RT 2-Box 183 A		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS		Interval between ONSET AND DEATH 6 hours.
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Death COUNTY Sept 19 61 STATE _____

21. I attended the deceased from 1953 to Death and last saw her/him alive on Sept 19 61.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Kellett (Describe or title) John B. Kellett M.D.	22b. ADDRESS 2623 Telegraph Rd.	22c. DATE SIGNED 11-29-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC-1-1961	23c. NAME OF CEMETERY OR CREMATORY NATIONAL Cem	23d. LOCATION (City, town, or county) J.B. Missouri
24. FUNERAL DIRECTOR Fey Funeral Home, MEHLVILLE Mo ADDRESS _____		25. DATE RECD. BY LOCAL REG. 12-1-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DATE AMENDED

INST. LEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

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 Gustav W. Dineen

Licensed Embalmer No. 4329

P. O. Address St Louis

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.