

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020856

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4695**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 23 1962

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		c. CITY OR TOWN ST. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. BAPTIST Hosp.		d. STREET ADDRESS (If outside, give location) 2853 VICTOR	
Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph T. Pletka Jr.			4. DATE OF DEATH Month Day Year MAY 6 1962		
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 June 13, 1899	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gardener		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Joseph Pletka		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Johanna Emma Pletka		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO.	
17. INFORMANT Johanna Pletka		Address 2853 Victor			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure (Cor Pulmonale)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Fibrosis Secondary to Myo. of Ca. Lung.	
	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"/> No <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.) 163X
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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 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
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21. I attended the deceased from **4-27-60** to **5/6/62** and last saw her/him alive on **5/6/62**
Death occurred at **5 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. R. Lennick M.D.	22b. ADDRESS 453 N. Taylor	22c. DATE SIGNED 5/17/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL MAY 8, 1962	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	23d. LOCATION (City, town, county) (State) JEFFERSON BARRACKS Mo
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24. FUNERAL DIRECTOR Thomas Kuteis 2966 Grand	ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 8 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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VS 300 Rev. 4/59

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

68

Mr. Lowrick
453 N. Park
F01-1604
4-6 mm

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 W. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2916 Grandis

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.