

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038422
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

14002

24000

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1245-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317 Primarily Registration District No. 541 Registrar's No. 2888

FILED SEP 28 1963

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b 24 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS COUNTY Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 7426 Brightwood Dr Reside on Farm Yes No

3. NAME OF DECEASED First William Middle Ploesser Last Ploesser 4. DATE OF DEATH Month 9 Day 14 Year 1963

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/2/1894 9. AGE (last birthday) 68 yr. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRE FLORIST FOREMAN 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) St. Louis County 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEO. PLOESSER 13b. MOTHER'S MAIDEN NAME SOPHIA HAGEMANN 14. NAME OF HUSBAND OR WIFE HULDA - EIME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 17. INFORMANT Address Hulda PLOESSER AFFTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 8-21-1963 to 9-14-1963 and last saw ^{born}him alive on 9-14-1963
Death occurred at 12:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) John M. Jarner, M.D. 22b. ADDRESS 601 S. Brentwood 22c. DATE SIGNED 9/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 9-17-63 23c. NAME OF CEMETERY OR CREMATORY Old St. Johns Cem. 23d. LOCATION (City, town, or county) Mehlville Mo.

24. FUNERAL DIRECTOR ADDRESS Fey Funeral Home 4100 Ferry Rd. Le May 25. DATE RECD. BY LOCAL REG. 9-17-63 26. REGISTRAR'S SIGNATURE J. M. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 *Georgette M. White*

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.