

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36213
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 2-1008
(b) Township..... Primary Registration District No.
(c) City St. Louis (d) Street No. 1015 Marion Str. St.
(e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Pflanz

(a) Residence, No. 1015 Marion Str. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Pflanz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 28

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10-20-37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME John Maier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Clara Kamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo Pflanz 1015 Marion

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 10-23-37

19. FUNERAL DIRECTOR (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.

20. FILED J. F. Bridock Local Registrar.

NO PHYSICIAN CERTIFICATE OF OPINION

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____ Death is said to have occurred on the date stated above, at 4:15 A.M. m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis.
/Cirrhosis of Liver.
Other contributory causes of importance: 1246

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Alfred J. Perry M.D.
Deputy Coroner
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

1-899
10
0

FILED OCT 21 1937

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leisinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edwin H. Leisinger

Licensed Embalmer No. 3888

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.)