

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUN 12 1939

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

17209
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1008
(c) City _____ (d) Street No. Park Lane Memorial St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 426 Mrs. Halda Plocher
(a) Residence, No. Carsonville Missouri (Usual place of abode, if no street address, write county or city) NR (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16th 1909
7. AGE YEARS 29 MONTHS 7 DAYS 8 IF LESS than 1 day,hrs. ofmin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) 2 days 11. Total time (years) spent in this occupation. 10 yrs.
12. BIRTHPLACE (CITY OR TOWN) Pin Oak (STATE OR COUNTRY) Illinois
13. NAME Rudolf Mick
14. BIRTHPLACE (CITY OR TOWN) Pin Oak (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Anna Smith
16. BIRTHPLACE (CITY OR TOWN) Pin Oak (STATE OR COUNTRY) Illinois
17. INFORMANT August Mick (ADDRESS) Marine Illinois
18. BURIAL, CREMATION, OR REMOVAL PLACE Marine Ill DATE May 26 1939
19. FUNERAL DIRECTOR F. B. McArthur (ADDRESS) Marine Ill
20. FILED MAY 25 1939 J. B. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1939
22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to May 23, 1939
I last saw her alive on May 24, 1939. Death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:
Chc. Myocardial
Failure
93C
Other contributory causes of importance:
Myocardial
Name of operation Chic. Post. Pericard Date of May 23
What test confirmed diagnosis? X-ray Was there an autopsy? N. D.
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? Yes
If so, specify _____
(Signed) Dr. J. J. Smith M. D.
(Address) 4931 Lincoln Blvd., City

STATEMENT BY LICENSED EMBALMER

I, Francis B. Mc Gowan, Licensed Embalmer No. 2905

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

L. E. Francis B. Mc Gowan

No. 2905 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Francis B. Mc Gowan

Licensed Embalmer No. 2905

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.)