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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36773**
Registrar's No. **9046**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 1 year, months or days (Specify whether years, months or days)

3. (a) PRINT FULLNAME Hattie Kortman-PLAIS-ARATA
3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife John Pleis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 25, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 6 hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Gustave Schueren
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Kern
(b) Address 8510 Joseph Brentwood, Mo.

17. (a) Burial (b) Date thereof Nov. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Weick Bros. Und.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 3 1940 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3127 Vine Grove Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month 11 day 2
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary atherosclerosis with Myocardial Infarction
Due to Myocardial
Other conditions Chronic Paronychia
(Include pregnancy within 3 months of death)

Major findings: Nephritis
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Joseph M. ... (Specify type of place) (e) Means of Injury 5
Address Deputy Coroner (M. D. of other) _____
Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Way A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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 this body is not embalmed, fact should be so stated above.