

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 782

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5211 Sutherland Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME. Laura Pleus

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Late Henry Pleus 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Feb. 28th 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	27	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. Charles Sonnenschein  
 13. Birthplace. Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name. Catherine Toberman  
 15. Birthplace. Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Ella Placke  
 (b) Address. 5211 Sutherland Ave.

17. (a) Burial (b) Date thereof. 1-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Memorial Park Cemete

18. (a) Signature of funeral director. Kriegerhauser Mortuar  
 (b) Address. 4228 So. Kingshighway Blvd.

19. (a) JAN 24 1941 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 000  
 (c) City or town. St. Louis 1417  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5211 Sutherland Ave. 9  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th  
 year 1941 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1940 to Jan 24, 1941  
 that I last saw her alive on Jan 23, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Left Cerebellar Hemorrhage 22 days

Due to. Chronic Int. Nephritis 34 yrs

Due to.....

Other conditions. 12/1  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?.....

While at work?..... (Specify type of place)  
 (i) Means of injury. 0

23. Signature. A. L. Beutel (M. D. or other)  
 Address. 7306 Lavoie Date signed 1/24/41

*Mr. C. J. Nestel  
Grand & Terrace 123*

**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 *Edwin S. Mc Dermott*

Licensed Embalmer No. ....

P. O. Address.....

**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.**