FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22730

Registration District No. 780 Primary Registration District No. 700 Registrar's No. 1363

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Tiernon's Hospital & Clinic (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-1/2 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: St. Louis University City 3 (If outside city or town limits write "RURAL")

(d) Street No. 6943 Pershing Ave. (If rural, give location) 5

(e) If foreign born, how long in U. S. A.? Life 1 years.

3. (a) PRINT FULL NAME: Julia M. Pleitsch

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: widowed

6. (b) Name of husband or wife: Hans Pleitsch

6. (c) Age of husband or wife if alive: Dead years

7. Birth date of deceased: Sept. 16, 1853 (Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 13 If less than one day 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: Conrad Stork

13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Hein

15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Geo. L. Pleitsch

(b) Address: 6943 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Lebanon

18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.

(b) Address: 5966-68 Easton Ave.

19. (a) JUL 1 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1941 hour 8:45 minute P.M.

21. I hereby certify that I attended the deceased from June 26, 19 41 to June 29, 19 41 that I last saw her alive on June 29th, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Senile Cardio-Vascular-	
Renal Disease -	2 yrs.
Myo Carditis-Arteriosclerosis	
General Int. Nephritis.	
Due to: Uremia -	6 mo.
Heat stroke- 1 week - Uremia-	1 week.

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: None

Of operations:

Of autopsy: None

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): No

(b) Date of occurrence: -

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? no (e) Means of injury

23. Signature: [illegible] (M. D. or other)

Address: 3718 Jennings Rd. Pine Lawn, Mo. Date signed 7-1-'41.

(Licensed Embalmer's Statement on Reverse Side)

Jan. 28 10

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 3454 David E. Gibson, Registered Apprentice No. _____ working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 596 Carlton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.