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41
39
26390

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No.

6901

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2114 N. 13th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S. BORN.

3. (a) PRINT FULL NAME Fred Plank

3. (b) If veteran name was SPANISH AMERICAN. 3. (c) Social Security No. NONE.

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife Louise Hochgrafe
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. 4 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 - 20 hr. min.

9. Birthplace Indianapolis Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Dealer

11. Industry or business Shop - Self.

12. Name JAMES PLANK
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Goddard
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Plank

(b) Address 2114 N. 13th St.

17. (a) BURIAL (b) Date thereof Aug 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Concordia Funeral Home

(b) Address 1936 W. Louis St.

19. (a) AUG 26 1941 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24,
year 1941 hour 10:25 minute A M.

21. I hereby certify that I attended the deceased from July 31,
1941, to August 24, 1941;
that I last saw him alive on August 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia
Chronic nephritis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes, Chronic nephritis.

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) (e) Means of injury _____

23. Signature L. V. Mulligan (M. D. [Signature])

Address 1515 Lafayette Date signed 8/25/41

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *2737*

P. O. Address *1936 H. Lruo*

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, fact should be so stated above.