

19084

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1264

FILED JUN 12 1943
Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Rockland
(c) City or town Suffern
(If outside city or town limits, write "RURAL")
(d) Street No. 116 Orange St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeremiah A. Pless, N. S. N.
3. (b) If veteran, name war World War II
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9
year 1943 hour 6:15 minute A M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 25 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
18 7 14 _____ hr. _____ min.

Immediate cause of death Injuries received in unknown manner.
Duration _____

9. Birthplace Cortland New York
(City, town, or county) (State or foreign country)

Due to Fractured skull; Subdural hemorrhage.

10. Usual occupation Soldier (Private)

Due to _____

11. Industry or business U. S. Army

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

12. Name Jeremiah J. Pless

Major findings:
Of operations _____

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Of autopsy Yes. 1943
99

14. Maiden name Anna ?
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Clinical & Service Record

(a) Accident, suicide, or homicide (specify) Accident 196

(b) Address Sta Hosp. Jeff. Barracks, Mo.

(b) Date of occurrence June 9, 1943

17. (a) Removal (b) Date thereof 6-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Highway #50, Ballwin, Mo.
(City or town) (County) (State)

(c) Place: burial or cremation Cortland N. Y.

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

18. (a) Signature of funeral director Louis H. Bopp Inc.

While at work? _____ (e) Means of injury _____

(b) Address Kirkwood, Mo.

23. Signature Louis H. Bopp
Address Kirkwood, Mo. 6-9-43 Date signed _____

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

FEB 3 - 1948

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..... *Louis H. Bopp*

Licensed Embalmer No.....

P. O. Address..... *92*

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.