

**FILED**  
JUL 31 1943  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
2118 N. 14th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2118 N. 14th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Placke

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

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

6. (b) Name of husband or wife George Placke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 18, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 9 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name William Harting

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

14. Maiden name Fredericka Welhoener

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

16. (a) Informant George W. Placke

(b) Address 2118 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) JUL 25 1943 (Date received from registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, year 1943 hour 3:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 20, 1943 to July 23, 1943 that I last saw him alive on July 23 and that death occurred on the date and hour stated above.

Immediate cause of death Memoria

Due to Chronic degenerative arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Auth. [Signature] (M. D. or other) M.D.

Address 2202 [Address] Date signed 7-25-43

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *Herford G Burnley* .....

Licensed Embalmer No. *4302* .....

P. O. Address..... *St Louis Mo* .....

**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.**