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12159

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED APR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 735

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8530 Mathilda
(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 Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8530 Mathilda
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie Plies
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24th
year 1944 hour 1:30 minute _____ P _____ M.
21. I hereby certify that I attended the deceased from March 14 1944 to March 24 1944
that I last saw her alive on March 24 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Benjamin Plies
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 24, 1873
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>0</u>	<u>1</u> hr. <u>0</u> min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Not known Canada
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Not known
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mildred Gagnon
(b) Address 8530 Mathilda
17. (a) burial (b) Date thereof 3/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

23. Signature [Signature] (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 6811 Gravois Date signed 3/26/44

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois Avenue
19. (a) MAP 27-1944 (b) E. S. McSavan, M.D.
(Date received) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

76
00

96
0

0

Duration

MOTHER FATHER

9

9

[Signature]

MAP 27-1944
1944

3/26/44

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

E. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Illinois*

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.