

S. No. 2
M-5-43
7-5-17-39
I X36671

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1003

Registrar's No. 1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Hrs. Appr.
(Specify whether 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. 3430 Gasconade St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Edward Ploeser,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 December 23, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1946 hour 4: minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-23-46
1946 to 12-23-46, 1946
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0-</u>	<u>0-</u>	<u>2-</u>	hr. _____ min. _____

Immediate cause of death Premature

Due to _____

Due to _____

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

10. Usual occupation Infant.

11. Industry or business _____

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

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Edward J. Ploeser,

13. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Helen Herbort,

15. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Edward J. Ploeser,

(b) Address 3430 Gasconade,

17. (a) Burial, (b) Date thereof 12/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

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? _____

18. (a) Signature of funeral director Gebken-Benz Mortuary
2842 Meramec St.,

(b) Address _____

19. (a) DEC 26 1946 (b) J. F. Bredack
(Data received local registrar) (Registrar's signature)

23. Signature Robert C. ... (Specify type of place) (e) Means of injury _____
(M. D. or other)

Address 3702 ... Date signed 1/7/47

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

10
9

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.

No. Embalming.....

Signed.....
Licensed Embalmer No.....
2842 Meramec St.,
P. O. Address..... St. Louis, 18, 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.