

S. No. 2  
OM-543  
v. 5-17-39  
I X36671

FILED JAN 27 1947

State File No. ....

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **5111**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**  
(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 - Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(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 **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1421 North 19th. Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **August J. Ploch.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **489-16-4435**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Clara Ploch.** 6. (c) Age of husband or wife if alive **D.K.** years

7. Birth date of deceased **June 10, 1885.**  
(Month) (Day) (Year)

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <b>61</b> | <b>7</b> | <b>4</b> | hr. min.             |

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

10. Usual occupation **Painter**

11. Industry or business

12. Name **John Ploch.**

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

14. Maiden name **Justine Poth.**

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

16. (a) Informant **Mr. Victor Ploch.**

(b) Address **6334 Washington Boulevard.**

17. (a) **Burial** (b) Date thereof **1-17-1947.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **JAN 16 1947** (b) **J. B. Brueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14th**  
year **1947** hour **3:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **1/5/47**  
to **1/14/47**, 19... to **1/14/47**, 19...  
that I last saw h. **im** alive on **1/14/47**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to **Pulmonary Tuberculosis for advanced.**  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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

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

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

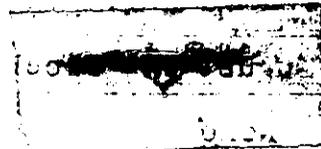
(c) Where did injury occur? (City or town) (County) (State)

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

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

23. Signature **Warren C. Lewis M.D.** 1515 Lafayette 1/15/47 or other)  
Address Date signed

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 Rex E Campbell  
Licensed Embalmer No. 3881  
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.**