No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17937
Registrar's No. 4609

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: 3814 Washington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1008

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3814 Washington (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 19 0

If yes, name country

3. (a) PRINT FULL NAME Johanna Pleuss

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Gerhard Pleuss

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. (Month) 16 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	1	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name August Bongartz
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Gertrude Osleander
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Miss Gertrude Pleuss
(b) Address 3814 Washington Ave.,

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 5-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Lowe
(b) Address 6175 Delmar

19. (a) MAY 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1948 hour 3: minute 50 P. M.

21. I hereby certify that I attended the deceased from 9/13/46 19 to 17 May 1948 that I last saw her alive on May 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	3 mos
Due to Cardiac Asthma	1 yr
Orthostatic Pneumonia	7 days
Due to General Arteriosclerosis	1 yr

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N. L. Mustachia (M. D. or other)
Address 4482 Washington Date signed 5/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Mistachkin
4482 Washington
N.E 7244

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 Thomas R. Jesurek

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.