

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21917
State File No.
Registrar's No. **5844**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5844	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 11 mo		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 0260		d. STREET ADDRESS (If rural, give location) RFD # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Bernard		b. (Middle) _____		c. (Last) Pleus		4. DATE OF DEATH (Month) (Day) (Year) 7-4-50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-17-1865	
9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State and foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ann				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Pleus Jefferson City Mo							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O			
22. I hereby certify that I attended the deceased from 9-15 to 7/4/50 , 19 50 , that I last saw the deceased alive on 6/25 , 19 50 , and that death occurred at 10:15 m., from the causes and on the date stated above.							
23a. SIGNATURE L. H. Miller Mo. (Degree or title) _____				23b. ADDRESS 4899 Belmar		23c. DATE SIGNED 7/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-5-50		24c. NAME OF CEMETERY OR CREMATORY J		24d. LOCATION (City, town, or county) (State) Taos Mo	
DATE REC'D BY LOCAL REG. JUL 6 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.			

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

MAR 2 1951

5844

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *S. Davis*

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.