

STANDARD CERTIFICATE OF DEATH

State File No. 43774

FILED JAN 18 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 10740

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital		d. STREET ADDRESS (If rural, give location) 6615 Kingsbury	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) S. c. (Last) PLESSNER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1877
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	11. BIRTHPLACE (State or foreign country) Holden, Mo.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Abraham Plessner		13b. MOTHER'S MAIDEN NAME Esther Levy	14. NAME OF HUSBAND OR WIFE Edna Block Plessner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. C. S. Plessner		ADDRESS 6615 Kingsbury	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Very Short</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Sclerosis</i>		
	DUE TO (c) <i>Sudden</i>		
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	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? <i>H201</i>
22. I hereby certify that I attended the deceased from <i>Sept 20, 1950</i> , to <i>Dec. 15, 1950</i> , that I last saw the deceased alive on <i>Dec. 17, 1950</i> , and that death occurred at <i>4:18</i> m., from the causes and on the date stated above.		

23a. SIGNATURE <i>Tom J. [Signature]</i>	23b. ADDRESS <i>634 N. Grand</i>	23c. DATE SIGNED <i>12-16-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>	24b. DATE <i>12/17/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>
DATE REC'D BY LOCAL REG. <i>DEC 17 1950</i>	REGISTRAR'S SIGNATURE <i>J. M. Lester</i>	ADDRESS <i>[Address]</i>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3880

P. O. Address.....

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.