

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18411**
Registrar's No. **4805**

FILED JUN 16 1952

BIRTH NO. _____

REG. DIST. NO. **918**PRIMARY REG. DIST. NO. **1003**Registrar's No. **4805**

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 township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 5522 DELMAR BLVD.	
3. NAME OF DECEASED (Type or Print), a. (First) EDNA b. (Middle) BLOCK c. (Last) PLESSNER		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 15, 1878
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months 8 Days 8	11. UNDER 24 HRS. Hours 8 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Jerseyville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Philip Block		13b. MOTHER'S MAIDEN NAME Elizabeth Klein	
14. NAME OF HUSBAND OR WIFE Charles S. Plessner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. L. Plessner-313 Edgewood Dr.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis. (rt) INTERVAL BETWEEN ONSET AND DEATH 2 wks 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.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 3324			
22. I hereby certify that I attended the deceased from March 16, 1952 , to May 24, 1952 , that I last saw the deceased alive on May 24, 1952 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. A. Neumann M.D. (Degree or title)		23b. ADDRESS 3701 Grandel Sq	
23c. DATE SIGNED 5-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/25/52	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAY 26 1952		REGISTRAR'S SIGNATURE J. C. Smith	
FUNERAL DIRECTOR'S SIGNATURE Mrs. Herman Rindhoff		ADDRESS 5316 Delmar	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Heston

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.