

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008241  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 265

300  
-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside limits of town or village) <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ASHBURN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP</u> Length of stay in 1b <u>16 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>Local</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE ALBERT PLOESSER</u>			4. DATE OF DEATH Month Day Year <u>JAN, 24, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 27, 1896</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired, so state.) <u>SECTION FOREMAN RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>ASHBURN, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN PLOESSER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
13c. NAME OF HUSBAND OR WIFE <u>SHIRLEY MAE PLOESSER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>MRS. G. A. PLOESSER, ASHBURN, MO.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>A DENOCARCINOMA LIVER 2</u> DUE TO (b) <u>PORTAL VEIN OCCLUSION.</u> DUE TO (c) <u>HEPATIC FIBROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo 1</u> <u>6 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <u>9 JANUARY 7:05 AM</u> to <u>24 JANUARY</u> and last saw him alive on <u>23 JANUARY</u>		
22a. SIGNATURE (Degree or title) <u>Marion H. Austin MD</u>	22b. ADDRESS <u>634 Grand Blvd St. L.</u>	22c. DATE SIGNED <u>1-25-58</u>

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23a. DATE <u>JAN 27, 1958</u>	23b. NAME OF CEMETERY OR CREMATORY <u>ASHBURN CEMETERY</u>	23c. LOCATION (City, town, or county) (State) <u>ASHBURN, MISSOURI</u>
24. FUNERAL DIRECTOR <u>GEO. M. COLLIER-LOUISIANA, MO.</u>	24a. ADDRESS <u>LOUISIANA, MO.</u>	24b. DATE RECD. BY LOCAL REG. <u>1-27-58</u>	24c. REGISTRAR'S SIGNATURE <u>Herbert A. ...</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

acc

FEB 20 1958

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 .....  
Signature of Student Embalmer

Signed *Geo. M. Collier* .....

Licensed Embalmer No. *3839*  
P. O. Address *Louisiana*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.