

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015555

FILED MAY 14 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ STATE FILE NUMBER 4367 Registrar No. 4367

300  
-57  
L  
392  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Desloge Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6565 Oleatha Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle C. Last PLOESSER	4. DATE OF DEATH Month May Day 1 Year 1959
---	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1909	9. AGE (In years last birthday) 49	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, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Philip Nahrgang	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Forrest P. Ploesser
---------------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Forrest P. Ploesser 6565 Oleatha
--	---------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 7 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 163X	
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? 1 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 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 Oct 1, 1958 to 5/1/59 and last saw her alive on 5/1/59 8:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) Harold Franklin M.D.	22b. ADDRESS 16 Hampton Village Plaza	22c. DATE SIGNED 5/4/59
--	--	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	23d. LOCATION (City, town, or county) (State) Mattese, Mo.
--	--------------------------	---	---

24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. MAY 4 '59	26. REGISTRAR'S SIGNATURE M. O. Smith, M.D.
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William B. White* .....

Licensed Embalmer No. *1291* .....

P. O. Address *42280. Kingsley* .....

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.