WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38077

1. PLACE OF DEATH

County St Louis — Registration District No. 189 — File No.

Township Central — Primary Registration District No. 603318 — Registered No. 341

City — (No. 8670 St Charles R.R. St. — Ward)

2. FULL NAME August Plenge

(a) Residence. No. 8670 St Charles R.R. (Usual place of abode) — Ward. — (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. — How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Plenge

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13, 1857

7. AGE: Years 71 — Months 6 — Days 6 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Grocery Prop.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Henry Plenge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Mrs. Mary Plenge (Address) 8670 St Charles R.R.

15. FILED 11/20, 1928 Rolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 17th November, 1928, to 19th, 1928, that I last saw him alive on Nov 19, 1928, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage Apoplexy

1182 [illegible] (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY): Acute Gastritis

(duration) ___ yrs. ___ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Home

8 DID AN OPERATION PRECEDE DEATH? ___ DATE OF ___

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) D. Henry Helwig, M.D.

Nov 19, 1928 (Address) 4538 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Johns Cem. — DATE OF BURIAL: 11-22 1928

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave