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.

AUG 16 1934

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

Do not use this space.

27740

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 234

City Jefferson Barracks, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME Edward John PLOGSTERT

(a) Residence, No. 7816 Ivory Ave (Rear) St. Louis, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 4, 1863

7. AGE: Years 70 | Months 6 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sadler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
10. Date deceased last worked at this occupation (month and year) Unavailable
11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER

15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Clinical Director, Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE July 6 1934

19. UNDERTAKER (ADDRESS): C. Hoffmeister Vol Co. 7814 So. Broadway

20. FILED 7-5 1934 B. F. Tate M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to July 3, 1934

I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 6:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, portal type	Unk
1248 97 13461	
Other contributory causes of importance: Arteriosclerosis	Unk.

Name of operation -- Date of --

What test confirmed diagnosis? Clinical manifestations, physical, X-ray findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.