

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32987

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. DePaul Hospital (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 72 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August L. Plitt

(a) Residence, No. 4236 West Florissant Ave. St. 9 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF <u>Emma (Seitz) Plitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1, 1865</u>		
7. AGE <u>72</u>	YEARS <u>1</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Awning Cutter		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1932</u>		11. Total time (years) spent in this occupation <u>38</u>

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
13. NAME August Plitt
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Karl G. Plitt 4236 West Florissant Av.
18. BURIAL ~~LOCATION OF BURIAL~~ PLACE Oak Grove Mauslm TE Sep. 28, 1937
19. FUNERAL DIRECTOR (ADDRESS) Kraeger-Voss-Fix 3402 No. Kingshighway
20. FI SEP 28 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9 28 37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 13</u> 19 <u>37</u> to <u>Sept 28</u> 19 <u>37</u> I last saw him alive on <u>Sept 28</u> 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>10:45 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Hypostatic pneumonia</u> <u>Encapsulated</u> <u>Epidemic</u> Other contributory causes of importance: <u>Chronic nephritis</u> <u>Arteriosclerosis</u> <u>High Blood Pressure</u> Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?..... 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 <u>Grand Theft</u> (Signed) <u>1875 Madison</u> , M. D. (Address)

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

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.)