

No. 2
4-13-40
5-17-39
P-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39870**

Registration District No. **1940 754**

Primary Registration District No. **200**

Registrar's No. **2250**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Florissant mo. R.1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
504 Hyatt Florissant St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **9 Yr.**
years, months or days) **2**

3. (a) PRINT FULL NAME **Ida. Plagemann**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Female** race **White**
5. Color or race
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Plagemann**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Oct 29 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **30** Days **28**
If less than one day hr. min.

9. Birthplace **St. Louis Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business

12. Name **UnKnown Remmert**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Plagemann**

(b) Address **504 Hyatt St. Florissant Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 2 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John Cem.**

18. (a) Signature of funeral director **Diedrich Funeral Home**

(b) Address **8319 Halls Ferry Rd.**

19. (a) **DEC 1 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri (a) State (b) County **st Louis**
(c) City or town **Florissant Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **504 Hyatt st. R.1 Florissant Station**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **27**
year **1940** hour **11** minute **28** M.

21. I hereby certify that I attended the deceased from **March 13**
1939 to **November 27**, 19**40**
that I last saw her alive on **November 25**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis with Hypertension**

Due to **31**

Other conditions **Chronic Myocarditis Hypertension**
(Include pregnancy within 3 months of death) **7 yrs**

Major findings: Of operations **None**
Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **667 W. Taylor** Date signed **11/29/40**

Duration **2 1/2 yrs**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur P. Diehrich

Licensed Embalmer No..... *3556*.....

P. O. Address..... *St. Louis*.....

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 this body is not embalmed, fact should be so stated above.