

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43763 a

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2489

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carsonville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8627 Turner Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town Carsonville  
(If outside city or town limits, write "RURAL")

(d) Street No. 8627 Turner Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Catherine Plaggenburg,

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1940 hour 6.26 minute A.M. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Plaggenburg

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 7, 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/17/40  
\_\_\_\_\_, 19\_\_\_\_, to 12/30/40  
\_\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cystitis  
Myelitis.

Diagnosis

8. AGE: Years Months Days If less than one day

85 5 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to 133a

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

10. Usual occupation Retired

Other conditions Senile dementia  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Kasper Schwentker

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

14. Maiden name Gertrude Menke

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant A ugust L. Bunten

(b) Address 8627 Turner Ave.

17. (a) Burial (b) Date thereof Jan. 2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 31 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Arthur P. Damon (M. D. or other) \_\_\_\_\_  
Address 8600 N. Bridge Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Darrow A.C.  
8600 Nat. Bridge R.d. Wi. 0709  
Or  
Mo. Theatre Bg., Je: 7467  
Je. 5858.

2. 9-8-61  
3-8-61  
R.N.

**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.....  


Licensed Embalmer No. 3225.

P. O. Address 1125 Hodiament Ave.

**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.