

Registration District No. 764

Primary Registration District No. 101

Registrar's No.

434

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town Clayton
- (c) Name of hospital or institution St. Louis County Hospital
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Carsonville
(If outside city or town limits, write "RURAL")
- (d) Street No. 8539 Reiger Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Riding motorcycle and collided head on with a Woodson Rd. street car

Duration

2-22-41

Due to Laceration of scalp; frac. of skull; internal injuries

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

- (a) Accident, suicide, or homicide (specify) Accident
- (b) Date of occurrence 2/22/41
- (c) Where did injury occur? Normandy Twp. St. L. Co.
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (a) Means of injury Collision

23. Signature Louis H Boff (M. D. or other)

*Address Kirkwood, Mo. Date signed 2/24/41

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

8. (a) PRINT FULL NAME BERNARD PLAGGENBURG

8. (b) If veteran, name war none 8. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced SA

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 12 1919
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Station attendant

11. Industry or business Pete Oil Co.

12. Name John Plaggenberg

13. Birthplace St. Louis - Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Cunby

15. Birthplace St. Louis - Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Plaggenberg

(b) Address 8539 Reiger Ave Carsonville, Mo

17. (a) Burial (b) Date thereof 2-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Ev. Ch.

18. (a) Signature of funeral director Parsons & Sons Inc

(b) Address 2504 Woodson Rd - Overland, Mo

19. (a) FEB 25 1941 (b) The Missions
(Date received local registrar) (Registrar's signature)

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 *Gustave R. Bauman*

Licensed Embalmer No. *2315*

P. O. Address *Overland, Mo*

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, above space should be left blank.