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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 4

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92 9 3

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 108 N. Fourth Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Plackemeier

3. (b) If veteran, name war None

3. (c) Social Security No. 498-05-7583

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha Thoele

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 31, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	-	hr. min.

9. Birthplace Orchard Farm (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Hauling

FATHER
12. Name Rudolph Plackemeier
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rohlfing
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Bertha Plackemeier
(b) Address St Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Hackmann Bone
(b) Address 326 N 6th St - St Charles Mo

19. (a) 1-2-43 (Date received local registrar) (b) Clarence J. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1942 hour 10 minute - A. M.

21. I hereby certify that I attended the deceased from Jan. 1941, 19..., to Dec. 31, 1942;
that I last saw him alive on Dec. 31, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage Shock	
Due to bleeding peptic ulcer	
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations
Of autopsy

117a

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

23. Signature O W Lawrence (M. D. or other) MD
Address Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 C Bane

Licensed Embalmer No. 3177

P. O. Address St Charles 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, fact should be so stated above.