

FILED MAR 11 1943

State File No. _____
Registrar's No. 362

Registration District No. 787 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town BALLWIN Mo.

(c) Name of hospital or institution: BOPP'S NURSING HOME #4

(d) Length of stay: In hospital or institution 1 1/2 yrs.

In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 12

(c) City or town ST. LOUIS 9

(d) Street No. 2010 N. MARKET

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY PLOEGER

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife HENRY C. PLOEGER

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

7. Birth date of deceased: JAN 15 1854

8. AGE: Years 89 Months 0 Days 25

If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo

10. Usual occupation: AT HOME

11. Industry or business _____

12. Name: HENRY BRANDMEYER

13. Birthplace: GERMANY #4

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN #9

16. (a) Informant: Rouie H. Ploeger

(b) Address: 2010 N. Market

17. (a) BURIAL (b) Date thereof: FEB 17 1943

(c) Place: burial or cremation 210N

18. (a) Signature of funeral director: Budweiser Funeral Home

(b) Address: 1926 N. Louis Ave

19. (a) FEB 12 1943 (b) C. H. McFarren, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1943 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 1941, to Feb 10th 1943.

that I last saw h. alive on Feb 9th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

Other conditions: Arterio-Sclerosis

Major findings: Of operations _____

Of autopsy: 938

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: R. H. Jensen, D. (M. D. or other)

Address: Manchester Mo Date signed: 2/10/43

Duration _____

PHYSICIAN _____

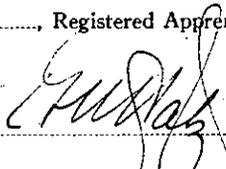
Underline the cause to which death should be charged statistically.

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

26
00

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. 3737

P. O. Address 1936 St. Louis Hwy.

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.