

APR 23 1943

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 3407

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Frisco Hospital
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 7072 Tholozan Ave
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edgar G. Planje

3. (b) If veteran, name war.....
 3. (c) Social Security No. 193-05-1551

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Planje
 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February 21st, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	7	13	hr. min.

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

10. Usual occupation Switchman

11. Industry or business Frisco Railroad

MOTHER FATHER

12. Name George Planje

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

14. Maiden name Edna Johnston

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

16. (a) Informant Irene Planje

(b) Address 7072 Tholozan Ave

17. (a) Burial (b) Date thereof 4/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 649 Clayton Road

19. (a) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
 year 1943 hour 3 minute 29 M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....

that I last saw him..... alive on.....
 and that death occurred on the date and hour stated above.

*Immediate cause of death - Duration
 Coronary thrombosis - Diaphragmatic
 Permia when he was caught
 between Coupler of a Diesel
 Engine and a string of
 freight cars in the Frisco 10
 Greatest yards, about
 4-10-43*

Other conditions (include pregnancy within 3 months of death).....

Major findings:
 Of operations.....
 Of autopsy.....

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 100
 (b) Date of occurrence 4-10-43
 (c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Thomas F. Callenan (M.D. or other)
 Address Deputy Coroner Date signed 4-12-43

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

APR 12 1943

SEP 13 1949

Embalment separate cert to be filed

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.....

P. O. Address.....

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.