

FILED JUL 12 1943

Registration District No.

Primary Registration District No. 3058

Registrar's No. 114

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 721 Clark Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Dora Plackemeier

3. (b) If veteran, name war None 3. (c) Social Security No.

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

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

7. Birth date of deceased October 16, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name J. Henry Plackemeier

13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Menke

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

16. (a) Informant John Plackemeier

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof June 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Hackmann - Baw

(b) Address 376 N. 6th St. St. Charles, Mo

19. (a) June 26, 1943 (b) L. Ernst L. Faulk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 26
1943 to June 23, 1943
that I last saw her alive on June 23
and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative shock
Duration 24 hours

Due to abdominal Peritonitis
resulting from carcinoma
Due to retention and abscess

Other conditions Hypertension and Hb
(Include pregnancy within 6 months of death)

Major findings: carcinoma retention
and abscess
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).....
(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 Verinda A. Schindler (M. D. or other) MD
Address St. Charles, Mo Date signed 6/25/43

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

MOTHER FATHER

OCT 18 1943

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. *3155*

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.