No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24623 6107

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3836 NEBRASKA
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 24
If yes, name country

3. (a) PRINT FULL NAME ALBERT E. PLOYER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or wife~~ FRANCES
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased APRIL (Month) 11 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 27 If less than one day hr. min.

9. Birthplace BOHEMIA (City, town, or county) (State or foreign country) X
10. Usual occupation RETIRED CARPENTER
11. Industry or business
FATHER
12. Name MAX PLOYER
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name UNKNOWN
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country) 0
16. (a) Informant FRANCES PLOYER
(b) Address 3836 NEBRASKA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. PETER & PAUL CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: (Month) JULY (day) 8 (year) 1948 (hour) 8 (minute) 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 2
23. Signature Patrick C. Taylor (M. D. or other)
Address Date signed 7-9-48

Jefferson City Printing Co. (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.....

orking under my personal supervision.

Signed Harvey C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with he above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.