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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3717

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 34918

Registrar's No. 2-49

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital D O A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 8
(If outside city or town limits, write "RURAL")
(d) Street No. Box 301, R. R. #12 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward O. A. Placht
3. (b) If veteran, name war
3. (c) Social Security No. 495-22-1868
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elizabeth Placht
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February (Month) 26 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Salesman
11. Industry or business Blackwell-Wielandy
FATHER
12. Name Joseph Placht
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Francesca Hoyer 1
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Edward Placht 1
(b) Address R. R. #12, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 10-22-48 (Date received local registrar) (b) Cecile Shapiro (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1948 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from Died without medical attendance 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 Unknown	
Probably cardiac dilatation	
Due to and pulmonary congestion	4 wks.
Due to 95 c	
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)
Where at work? (e) Means of injury
23. Signature Commissioner of Health
Address Date signed

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.....,

working under my personal supervision.

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 32 m

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.