

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>60521</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Charles</u>		b. CITY (If outside corporate limits, write RURAL and give town or town) <u>St. Charles, Rural.</u>		c. LENGTH OF STAY (in this place) _____		a. STATE <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route # 1, Missouri</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		b. COUNTY <u>St. Charles</u>	
e. STREET ADDRESS <u>Route # 1</u>		f. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route # 1, Missouri</u>		g. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route # 1, Missouri</u>		h. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route # 1, Missouri</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>HUGO</u>	b. (Middle) _____	c. (Last) <u>PLACKEMEIER</u>	Month <u>February</u>	Day <u>27</u>	Year <u>1956</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1894</u>	9. AGE (In years last birthday) <u>61</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Robert Plackemeier</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Robert Plackemeier</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Rohlfing</u>	14. NAME OF HUSBAND OR WIFE <u>Adelaide Sudmeyer</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hugo Plackemeier, Harvester, Mo.</u>	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Gun Shot Wound in Left Side Of Head</u>	19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE - HOMICIDE <u>Suicide</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Gun Shot Wound in Left Side Of Head</u>	19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE - HOMICIDE <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, St. Charles, Mo.</u>	21d. TIME OF INJURY <u>2/27/56 9:30 AM</u>
21a. ACCIDENT SUICIDE - HOMICIDE <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, St. Charles, Mo.</u>	21d. TIME OF INJURY <u>2/27/56 9:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Viewed Body 2/28/56</u> and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.	23a. SIGNATURE <u>Arthur C. Bauer</u>
23a. SIGNATURE <u>Arthur C. Bauer</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Feb 28, 1956</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauer</u>

MAR 7 1950

9661 6 T 8076

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Lawrence M. B...*

Licensed Embalmer No. *42*  
P. O. Address *St. Cha*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.