

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

State File No. 39124

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|  |  |  |   |  |  |   |  |   |  |
|--|--|--|---|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 310   |   | PRIMARY REG. DIST. NO. 3058  |  | Registrar's No. _____   |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY St. Charles   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY St. Louis  |  |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles   |  | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN St. Louis  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital  |  |  |   | e. STREET ADDRESS (If rural, give location) 5463 Delmar  |  |   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) JOHN<br>b. (Middle) H<br>c. (Last) PLACKMEYER  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 1, 1956 |  |  |   |  |   |  |
| 5. SEX Male  |  | 6. COLOR OR RACE White   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  | 8. DATE OF BIRTH Oct. 25, 1876  |  |   |  |
| 9. AGE (In years last birthday) 80   |  | 10. UNDER 1 YEAR 1   |   | 10. UNDER 1 HR. 6  |  | 11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor  |  | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad  |   | 11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY? U.S. A.  |  |   |  |
| 13a. FATHER'S NAME Frederick Plackmeyer  |  |  | 13b. MOTHER'S MAIDEN NAME Maria Schamma               |  |  | 14. NAME OF HUSBAND OR WIFE Hilda Klippel Plackmeyer  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  |  | 16. SOCIAL SECURITY NO. 703-01-1274  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hilda Plackmeyer, St. Louis, Mo   |  |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) mouth with generalized melanosis<br>DUE TO (c) melanosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. 144.X |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>7 weeks |  |
| 19a. DATE OF OPERATION 11/28/56  |  | 19b. MAJOR FINDINGS OF OPERATION necrotic Cervical Glands  |   |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |   | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |  |   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR? _____   |  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from Oct 29, 1956, to Dec 1, 1956, that I last saw the deceased alive on Nov 30, 1956, and that death occurred at 6:54 p.m., from the causes and on the date stated above.   |  |  |   |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) Vincent A. Schneider M.D.   |  |  |   | 23b. ADDRESS St. Charles, Mo.  |  | 23c. DATE SIGNED Dec 3 1956   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE Dec. 4, 1956   |   | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery  |  | 24d. LOCATION (City, town, or county) (State) St. Charles, Missouri   |  |   |  |
| DATE REC'D BY LOCAL REG. Dec 4 1956  |  | REGISTRAR'S SIGNATURE Fannie Hamilton  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Dow, St. Charles, Mo.   |  |   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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926 17 1968

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lawrence M. Bell*.....

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.