

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23580**
Registrar's No. **5922**

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2010 N. MARKET.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
66 Years (Specify whether
 In this community **66 Years** years, months or days)

3. (a) PRINT FULL NAME **HENRY C. PLOEGER**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Brandmeyer Ploeger**

6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **June 4 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **14**
 If less than one day hr. min.

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

10. Usual occupation **Retired Gardener**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Ploeger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Louis H. Ploeger**

(b) Address **4277^a Labadie**

17. (a) **Burial** (b) Date thereof **July 21 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Reiderwieden Funl Home**

(b) Address **1936 St Louis Ave**

19. (a) **JUL 19 1941** (b) **J. M. Zwick**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **005**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **2010 N. MARKET**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **18**
 year **1941** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June 1**, 19**41**, to **July 18**, 19**41**
 that I last saw him alive on **July 17**, 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Ch. nephritis**

Due to **several arteriosclerosis**

Other conditions **1/21**
(Include pregnancy within 3 months of death)

Major findings: **1/21**
 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?

23. Signature **Arthur S. Sander** (M. D. or other) **Dr. Sander**
 Address **2202 Howard St** Date signed **7/18/41**

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.....
Licensed Embalmer No. 3737
P. O. Address 1936 M. Street

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.