

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26565

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holstein</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>William</u> c. (Last) <u>Ploeger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 2, 1876</u>
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Treloar, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Fritz Ploeger</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Augderhaar</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Ploeger</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 ADDRESS <u>Roy Ploeger Hermann MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hepatitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u> 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>July 1, 1949</u> to <u>Aug 19, 1949</u> that I last saw the deceased alive on <u>Aug 19, 1949</u> and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert H. Schmidt, M.D.</u>		23b. ADDRESS <u>Merthensville, Mo.</u>	
23c. DATE SIGNED <u>8-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 22-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holstein</u>		24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Aug. 20, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
525. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>			

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

RECEIVED
AUG 29 1949
District Health Officer No. 9,
District File Number.

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
Student Embalmer

Signed Almont V. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

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.