

CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

1. DECEASED—NAME FIRST MIDDLE LAST <b>Bernard Plaggenberg</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Sept 11, 1968</b>
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <b>74</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>Mar 10, 1894</b>
3. CITY, TOWN, OR LOCATION OF DEATH <b>ST. LOUIS</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>De Paul Hospital</b>	COUNTY OF DEATH <b>—</b>
4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Florence</b>
5. SOCIAL SECURITY NUMBER <b>488-18-3266A</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>
6. RESIDENCE—STATE COUNTY <b>Missouri Warren</b>		CITY, TOWN, OR LOCATION <b>Rte 3 Box 96 Warren Mo</b>	STREET AND NUMBER <b>Rte 3, Box 96</b>
7. FATHER—NAME FIRST MIDDLE LAST <b>Henry Plaggenberg</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Not Known</b>	
8. INFORMANT—NAME <b>Robert Plaggenberg</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>3717 Rossiter Pine Lawn Mo 63121</b>	
9. PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
10. IMMEDIATE CAUSE (a) <b>Chronic Myocarditis (ASHD)</b> DUE TO, OR AS A CONSEQUENCE OF			
11. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <b>Chronic Bronchitis &amp; Emphysema</b> DUE TO, OR AS A CONSEQUENCE OF			
12. (c) <b>Generalized Arteriosclerosis</b>			
13. PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY (YES OR NO) <b>No</b>	
14. <b>Cerebral accident (thrombosis)</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>Yes</b>	
15. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 13)	
16. INJURY AT WORK (SPECIFY YES OR NO)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
17. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>5-6-68 TO 9/11/68</b>		AND LAST SAW HIM/HER ALIVE ON <b>9-10-68</b>	
18. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>Did not</b>	
19. CERTIFIER—NAME (TYPE OR PRINT) <b>WM. E. MOORE</b>		THE DECEDENT WAS PRONOUNCED DEAD <b>9 11 68 7:50 A.M.</b>	
20. SIGNATURE <b>WM. E. MOORE</b>		DEGREE OR TITLE <b>M.D.</b>	
21. MAILING ADDRESS—CERTIFIER <b>7315 Pasadena Blvd St Louis Mo 63121</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>9/11/68</b>	
22. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>		CEMETERY OR CREMATORY—NAME <b>Fee Fee Cem</b>	
23. DATE (MONTH, DAY, YEAR) <b>Sept 14, 1968</b>		LOCATION <b>St. Louis Co Mo</b>	
24. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>O'Sullivan Mch Hg Room 8806 Jennings St Louis Mo 63136</b>		FUNERAL DIRECTOR—SIGNATURE <b>Clayton Smith, M.D.</b>	
25. FUNERAL DIRECTOR—SIGNATURE <b>Clayton Smith, M.D.</b>		REGISTRAR—SIGNATURE <b>Loan Smith, M.D.</b>	
26. DATE RECEIVED BY REGISTRAR <b>SEP 12 1968</b>		DATE RECEIVED BY REGISTRAR <b>SEP 12 1968</b>	

59  
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

W<sup>M</sup> E Moore  
7315 Pasadena 2-6.  
Ev 54064  
Jc 35858

011910 308

**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 Stanley Romjian

Licensed Embalmer No. 5769

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