

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 25 1940 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 27107  
Registrar's No. 7003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 (Specify whether  
In this community about 60 YEARS years, months or days)

3. (a) PRINT FULL NAME SARAH MINNIE PLUMMER 456  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Wm. Bryan Plummer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 21 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stockbridge, Massachusetts  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Seth Morton  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Clary  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Genevieve Plummer  
(b) Address 5959 Horton Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/19/40  
(Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Altkunde & Sons  
(b) Address 6175 Delmar Blvd.

19. (a) AUG 19 1940 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5959 Horton Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 17th day August  
year 1940 hour 7:30 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 1939, to August 17, 1940

that I last saw her alive on August 16th, 1940; and that death occurred on the date and hour stated above.  
Immediate cause of death Acute sepsis local peritonitis about gall bladder with jaundice Duration 8-6-40  
Due to ? Sepsis from carcinoma of gall bladder of 9/3, Dec 1938  
? Empyema of gall bladder  
Due to ? Perforated peptic ulcer

Other conditions Chronic myocarditis 4 yrs  
(Include pregnancy within 3 months of death)  
Anticoagulation - 6 yrs.

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none 4/6  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fit in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Robert C. Clark (M. D. or other) MD  
Address 2201 W. Illinois Date signed 8-12-40

**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..... *Geo. S. McCulloch*.....  
Licensed Embalmer No. *2460*.....  
P. O. Address *6150 Delmar*.....

**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, above space should be left blank.