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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42963

JAN 9 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2890

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos. 3 days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 800

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2234 Spruce 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Frank Pluitt

3. (b) If veteran, name war

3. (c) Social Security No. 491-16-800

4. Sex male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Loretta Pluitt

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

7. Birth date of deceased July (Month) 4. (Day) 1907 (Year)

8. AGE: Years 34 Months 5 Days 26 If less than one day hr. min.

9. Birthplace ? (City, town, or county) / Virginia (State or foreign country)

10. Usual occupation Care taker

11. Industry or business Phonograph Service

FATHER
12. Name Ellis Pluitt
13. Birthplace not known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Callahan
15. Birthplace ? (City, town, or county) / Georgia (State or foreign country)

16. (a) Informant Hospital Record
(b) Address Koch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director [signature]
(b) Address 2814 Dickson

19. (a) JAN 6 - 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30.
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 27. 1941, to December 30 1941
that I last saw him alive on December 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of lung

Due to 309

Due to

Other conditions Late latent syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess of lung
Of autopsy Same

Duration: Inestimable

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Franz U. Steinberg (M. D. or other) M.D.
Address Robert Koch Hosp. Date signed 12.30.41.

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(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Yan

Licensed Embalmer No. 3371

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.