S. No. 2
M—5-42
v. 5-17-39
I -X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38113

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2481

96 0 0

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp. Olivette
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9476 Olive St Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Olivette
(If outside city or town limits, write "RURAL")

(d) Street No. 9476 Olive Street Rd.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Preble Plummer

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

3. (c) Social Security No. 486-18-5277

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug. (Month) 25 (Day) 1899 (Year)

8. AGE: Years 43 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace E. Carondelet (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Janitor

11. Industry or business .....

MOTHER FATHER

12. Name Henry Plummer

13. Birthplace Madison Co. (City, town, or county) Ill. (State or foreign country)

14. Maiden name Mary Miller

15. Birthplace Monroe Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mary Unkelbach

(b) Address E. Carondelet Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Dir.

(b) Address Kirkwood, Mo.

19. (a) NOV 30 1942 (Date received by Registrar) (b) E. L. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1942 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. — Duration

Due to Occlusion of anterior descending of left coronary;

Due to Arteriosclerosis of all coronary arteries; Pyelonephritis

Other conditions (Include pregnancy within 3 months of death) of right kidney; Old scars of both kidneys.

Major findings:
Of operations .....

Of autopsy Yes.

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? .....

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

23. Signature Jabir M. Meyer Deputy Coroner (M. D. or other)

Address Kirkwood, Mo. 11/27/42 Date signed .....

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.