

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6815

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1168

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Lukes Hosp. 5535 Delmar**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **2 Weeks**  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME..... **Millie Plank**  
 3. (b) If veteran, name war..... **No**  
 3. (c) Social Security No..... **nons**

4. Sex..... **Female** / 5. Color or race..... **White**  
 6. (a) Single, widowed, married, divorced..... **Married**  
 6. (b) Name of husband or wife..... **Clyde Plank**  
 6. (c) Age of husband or wife if alive..... **39** years  
 7. Birth date of deceased..... **Sep 26th 1897**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49** **4** **8** hr. min.

9. Birthplace..... **Missouri**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation..... **At Home**

11. Industry or business.....  
 12. Name..... **Wm. Bradley**  
 13. Birthplace..... **Missouri**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... **Sandra Bowen**  
 15. Birthplace..... **Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Clyde Plank**  
 (b) Address..... **3408 Chippewa**  
 17. (a) **Burial** (b) Date thereof..... **2-6-47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Rolla Mo.**

18. (a) Signature of funeral director..... **Wingbermuehle Funeral Home**  
 (b) Address..... **3819 S. Grand Blvd.**  
 19. (a) **FEB 4 1947** (b) **J. J. Bredeck**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... **3408 Chippewa**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... **NO** (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2nd** day **3rd**  
 year **1947** hour **9/45** minute **P.M.** M.  
 21. I hereby certify that I attended the deceased from **6/22/45**  
 to **2/3/47**  
 that I last saw her alive on **2/3/47**, 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Vaginal hemorrhage**  
 Due to **Vaginal Hemorrhage**  
**Carcinoma of cervix**  
 Due to **Carcinoma of Cervix-Uterus**  
 Other conditions (Include pregnancy within 3 months of death).....  
 Major findings:  
 Of operations.....  
 Of autopsy.....

Duration

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..... **R. J. Crossen** (M. D. or other) **MD**  
 Address..... **607 N. Grand** Date signed..... **2/4/47**

**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.....

*Crist W. Spiller*

Licensed Embalmer No.....

*4680*

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.**