

No. 2
M-5-43
5-17-39
I X367F

FILED MAR 11 1947 318

Primary Registration District No. 1003

Registrar's No. 2189

1. PLACE OF DEATH: ~~St. Louis~~
 (a) County: St. Louis
 (b) City or town: St. Louis
 (c) Name of hospital or institution: 19 yrs. 2837 a Gamble St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1 (Specify whether)
 In this community: 19 years (years, months or days)

3. (a) PRINT FULL NAME: Francis Plump
 3. (b) If veteran, name war: _____ 3. (c) Social Security No: _____

4. Sex: Female 5. Color or race: Col.
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Henry Plump 6. (c) Age of husband or wife if alive: 60 years
 7. Birth date of deceased: Feb, 26th, 1897 (Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 5 hr. min.

9. Birthplace: Livingston Ala. (City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: Hugh Sanders

12. Name: Livingston Ala. (City, town, or county) (State or foreign country)

13. Birthplace: Josephine Friendly (City, town, or county) (State or foreign country)

14. Maiden name: ? Ala. (City, town, or county) (State or foreign country)

15. Birthplace: Henry Plump (City, town, or county) (State or foreign country)

16. (a) Informant: 2837 a. Gamble St. (b) Address

17. (a) Burial (b) Date thereof: 2-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation: GREENWOOD CEM.

18. (a) Signature of funeral director: A. J. Walton

(b) Address: 2707 S. GOODARD ST.

19. (a) MAR 4 1947 (Date received local registrar) (b) J. D. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: 21
 (c) City or town: St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No.: 2837 a Gamble St. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 1946
 that I last saw her alive on March 1 (SPM) 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage of Bowel Duration

Due to: Carcinoma of Uterus & Ovaries & Intestines

Due to: _____
 Other conditions (Include pregnancy within 3 months of death): HX

Major findings: Of operations: _____

Of autopsy: No

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 _____

23. Signature: Russell H. White (M. D. or other) _____
 Address: 2424 E. Sarah Date signed: 3-3-47

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

MOTHER FATHER

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 Fuller E Culkin

Licensed Embalmer No. 7198

P. O. Address St Louis 1327

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.