No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28105

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7046

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: State Hospital of St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5061 Union Blvd., 15.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE PLUEMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mathilda M. Pluemer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 12th, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	28	hr. min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Engraver

11. Industry or business

FATHER
12. Name Herman Pluemer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Boeseman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda M. Pluener
(b) Address 5061 Union Blvd., 15.

17. (a) Burial (b) Date thereof 8/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 11 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 3.40 minute A M.

21. I hereby certify that I attended the deceased from June ~~xxxxx~~ 21st. 1948, to August 10 1948; that I last saw him alive on August 10 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hodgkins Disease	2 mos
Moderate Arteriosclerosis	1948x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Jack R. Eidelman (M. D. or other)

Address 5400 Arssenal St. Date signed 8/10/48

Jefferson City Printing Co.

(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 Ralph L. Landers

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.