

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31762

State File No. ....

7930

Registrar's No. ....

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		STREET ADDRESS (If rural, give location) 1820a N. Leffingwell Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER	b. (Middle) G.	c. (Last) PLUNKETT	4. DATE OF DEATH (Month) (Day) (Year) 9 6 1951
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH June 30, 1878	9. AGE (In years last birthday) 73	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Plunkett	13b. MOTHER'S MAIDEN NAME Catherine Smith	14. NAME OF HUSBAND OR WIFE Julia Plunkett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myron Jones	ADDRESS 1820a N. Leffingwell Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H500

22. I hereby certify that I attended the deceased from 3/19/46, 19 46, to 9/6/51, 19 \_\_\_\_, that I last saw the deceased alive on Sept. 6, 19 51, and that death occurred at 12:26 A.M., from the causes and on the date stated above.

23a. SIGNATURE William M. Sweeney M.D.	(Degree or title)	23b. ADDRESS 5600 Arsenal Street	23c. DATE SIGNED 9/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. SEP 6 1951	REGISTRAR'S SIGNATURE Pearl Smith W.C.	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3810 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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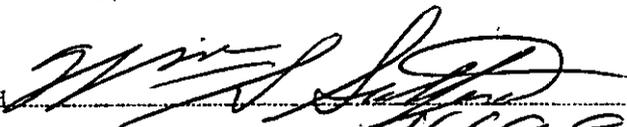
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

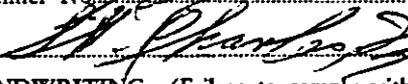
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 24199

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.