

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26224

State File No. ....

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6619

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery		d. STREET ADDRESS (If rural, give location) <u>13</u> 5800 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn		c. (Last) Plummer	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 17, 1903
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Missouri, St. Louis	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred William Welp.	
13b. MOTHER'S MAIDEN NAME Nellie O'Keefe		14. NAME OF HUSBAND OR WIFE William J Plummer Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME City Infirmery Record, 5800 Arsenal St.		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recent cerebral hemorrhage</u>  ANTECEDENT CAUSES <u>Hypertensive arteriosclerotic</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>heart disease</u>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>central nervous system lues.</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200B</u>	

22. I hereby certify that I attended the deceased from April 17, 1944 to July 7, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Palmer Maurice Rowdich M.D.</u>		22b. ADDRESS 5800 Arsenal St.		22c. DATE SIGNED 7-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24f. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. JUL 8 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Jos W Clark 1125 Hodiamont Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Alfred J. Bruleker

Licensed Embalmer No. 2663

P. O. Address 1195 Hickham

**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.