

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25608

State File No. \_\_\_\_\_

BIRTH NO. 65887-53 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1538

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b>		c. CITY OR TOWN <b>Jennings</b> <u>4/39</u>	
c. LENGTH OF STAY (in this place) <b>10 months</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>8771 Wescott Avenue</b>			
e. STREET ADDRESS (If rural, give location) <b>8771 Wescott Avenue</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JoAnn</b> b. (Middle) <b>Bernice</b> c. (Last) <b>Pleimann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 29 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 3, 1953</b>		9. AGE (In years last birthday) <b>19</b> <u>19</u> <b>23</b> <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Norman J. Pleimann</b>	13b. MOTHER'S MAIDEN NAME <b>Bernice Bollenbach</b>	14. NAME OF HUSBAND OR WIFE <b>Infant</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Norman Pleimann, 8771 Wescott Ave.</b>	ADDRESS <b>8771 Wescott Ave.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myelomeningocele &amp; Hydrocephalus</b>		
	ANTECEDENT CAUSES Morbid 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 <b>11/6/53 - 12/19</b>	19b. MAJOR FINDINGS OF OPERATION <b>Myelomeningocele - Hydrocephalus</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>sp</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1953, to 6/29, 1954, that I last saw the deceased alive on 6/29, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>G. A. Amore</b>	(Degree or title)	23b. ADDRESS <b>706 Summit Blvd</b>	23c. DATE SIGNED <b>6/29/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 1, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>

DATE REC'D BY LOCAL REG. <b>6/30/54</b>	REGISTRAR'S SIGNATURE <b>Herbert S. Amberg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>	ADDRESS <b>2161 E. Fair Av</b>
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clément M. May*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.