

FILED FEB 21 1955 . STANDARD CERTIFICATE OF DEATH

State File No. **6419**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1191**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **St. Louis**  
 c. LENGTH OF STAY (In this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospt.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**  
 d. STREET ADDRESS (If rural, give location) **815 N. Kingshighway**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Milford** b. (Middle) \_\_\_\_\_ c. (Last) **Plopper**  
 4. DATE OF DEATH (Month) (Day) (Year) **2/7/55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
 8. DATE OF BIRTH **10/2/1907** 9. AGE (In years last birthday) **47** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Gen Factory Worker**  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) **Litchfield Ill**  
 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ben. W. Plopper** 13b. MOTHER'S MAIDEN NAME **Elizabeth Purl** 14. NAME OF HUSBAND OR WIFE **Maude Plopper**

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. **489 09 1156** 17. INFORMANT'S SIGNATURE OR NAME **Maude P lopper** ADDRESS **815 N.Kingshighway**

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, asthemia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis**  
 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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1509 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Jos. W. Clark** (Print or Title) **Deputy Registrar** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **2/8/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **2/9/55** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **FEB 8 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Jos. W. Clark** ADDRESS **1125 Hodiamont Ave.**

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 11257 Hudson

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.