

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027077

FILED VS JUL 24 1959

2 6615

STATE FILE NUMBER

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY SEYDLITZ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian. | | d. STREET ADDRESS (If outside, give location) 3920a N.22nd St. | |
| 3. NAME OF DECEASED (Type or print) First Oscar Middle Pleimann Last | | 4. DATE OF DEATH Month July Day 12 Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 1-17-91 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY ## | 9. AGE (last birthday) 68 |
| 11a. BIRTHPLACE (City and state or country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY USA. | |
| 13a. FATHER'S NAME Henry Pleimann | | 13b. MOTHER'S MAIDEN NAME Isabelle | |
| 14. NAME OF HUSBAND OR WIFE Mollie Pleimann. | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Isabell Weber 5728 Hodimont | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Abdominal Carcinomas</i> DUE TO (b) <i>Carcinoma - Pyloric Reg. of Stomach</i> DUE TO (c) <i>151X</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo + 1 Yr +</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>3/24/59</i> to <i>7/12/59</i> and last saw him ^{alive} on <i>7/12/59</i> Death occurred at <i>9:00 pm</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) <i>Joshua E. Jensen M.D.</i> | | 22b. ADDRESS <i>Wear Club Bldg</i> | |
| 22c. DATE SIGNED <i>7/19/59</i> | | 23a. BURIAL INFORMATION, REMOVAL (Specify) <i>Removal</i> | |
| 23b. DATE <i>7-15-1959</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope.</i> | |
| 23d. LOCATION (City, town, or county) <i>St. Louis Mo.</i> | | 24. FUNERAL DIRECTOR <i>Southern Funeral Home.</i> 6322 S. Grand Blvd. | |
| 25. DATE RECD. BY LOCAL REG. <i>JUL 14 59</i> | | 26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i> <i>m. s. 13</i> | |

DOCUMENT

MEDICAL CERTIFICATION

Dr. J. Jenson.
Christian Hosp.
12AM.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David Van Tassan

Licensed Embalmer No. 4242

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.