

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8585

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 4053

City St. Louis (No. City of St. Louis)

File No. ....  
Registered No. 2254  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3713 205 1/2 Ward. 9

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from Oct 18 1927 to Feb 17 1929 and that I last saw him alive on Feb 17 1929 and that death occurred, on the date stated above, at St. Louis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 1869

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 | 11 | 25

Diabetes mellitus  
59 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Diabetic gangrene of left leg (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Ralph Plummer

8 Did an operation precede death? DATE OF WAS THERE AN AUTOPSY? 517

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Henry C. Westerman, M.D. (Address) City of St. Louis

12. MAIDEN NAME OF MOTHER Marie Redman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) City of St. Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St. Peters Feb 20 1929

15. FILED 30 1929 W. C. Stanley REGISTRAR

20. UNDERTAKER ADDRESS Math Hermann & Son 2161 E. Pacific

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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10  
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Hagner.