

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

Do not use this space.

30958

1. PLACE OF DEATH

County..... Registration District No. 1791
Township..... Primary Registration District No. 4007
City St. Louis (No. 1017) Simpson St. Ward)

File No.
Registered No. 8678

2. FULL NAME

Cecilia S. Pluempfe
(a) Residence, No. 1017 Simpson St., 8 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank S. Pluempfe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18 1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
MOTHER FATHER	13. NAME <u>Henry Kemper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Louise Clacker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
17. INFORMANT <u>Frank S. Pluempfe</u> (ADDRESS) <u>1017 Simpson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caldway</u> DATE <u>9/29</u> , 19 <u>32</u>		
19. UNDERTAKER <u>W. A. Strickland Co.</u> (ADDRESS) <u>2117 New St. St. Louis</u>		
20. FILED <u>SEP 27 1932</u> <u>New St. St. Louis</u>		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1932, to 9/26, 1932.
I last saw him alive on 9/26/32, 19..... Death is said to have occurred on the date stated above, at 8:45 P. M.
The principal cause of death and related causes of importance were as follows:
Phthisis Pulmonalis
23A 23
Other contributory causes of importance: (1)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify.....
(Signed) W. A. Strickland, M. D.
(Address) 8321 23rd St.

Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

No. Chapman

85-48

Pres. Church Arch. 4730

Office 8321 Bdwy. Ev. ~~4730~~

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