

JUN 12 1935

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

Do not use this space.

17745

4649

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** No. **1440 Hogan** St. Ward)

File No.

Registered No.

2. FULL NAME

Johanna Plumer
 (a) Residence No. **1440 Hogan** St. **21** Ward.
 (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 15 - 1865**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **New Orleans** (STATE OR COUNTRY) **La**

FATHER
 13. NAME **August Plumer**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Johanna Murphy**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT **Mrs Catherine Wever** (ADDRESS) **4116 1/2 Russell Blvd**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **May 4** 1935

19. UNDERTAKER **Cullinan Bros** (ADDRESS) **1710 N. Hanna Blvd**

20. FILED **5-3-** 1935 **J. J. Bredack** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1** 1935

22. I HEREBY CERTIFY, That I attended deceased from **May 8** 1935, to **May 1** 1935

I last saw her..... alive on **April 30** 1935 Death is said to have occurred on the date stated above, at **6:30** p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis acute of 78 35
Infarct myocardialis 3 8 35
apoplethi 4 28 35
hypertension (Bright's) 10 4 28 35
chronic Bright's disease

Other contributory causes of importance:

Cachexia nephilica 28 35

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?

If so, specify.....

(Signed) **Benjamin J. Steingul** M. D.

(Address) **1901 Madison**

20. ~~Bridge~~
1901 Madison Str.