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.

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

SEP 15 1936

Do not use this space.

32359

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Missouri (No. City Hospital No. 1 St. ..... Ward)

File No. ..... Registered No. 8178

2. FULL NAME B. 6308 Francis Plunkett

(a) Residence, No. 4244 McPherson St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male

4. COLOR OR RACE: white

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): Aug 29 1906

7. AGE: 29 YEARS: 29 MONTHS: 11 DAYS: 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. day

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): St. Louis, Missouri

FATHER

13. NAME: Oliver Plunkett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER

15. MAIDEN NAME: Julia Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calv. Cemetery DATE 8-6 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd

20. FILED AUG 4 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/3/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/24/36, 19..., to 8/3/36, 19...

I last saw him alive on 8/3/36, 19... Death is said to have occurred on the date stated above, at 1.10 p.m.

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

Bacterial Endocarditis, Acute

Date of onset

Other contributory causes of importance:

Mitral Stenosis & Regurg.

Aortic Stenosis

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) Roy Greenbaum, M. D.

(Address) City Hospital No. 1