MAY 7 1937

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

Do not use this space.

14541

File No. 1037

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

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

B17147

2. FULL NAME Elizabeth Plopper

(a) Residence, No. 4606 Delmar St., 12 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	2	13	

OCCUPATION

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

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

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) Carrollton, Ill

FATHER

13. NAME Charles Purl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? France

MOTHER

15. MAIDEN NAME Nancy Jordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? France

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

18. BURIAL, CREMATION, OR REMOVAL to Decatur, Ill
PLACE DATE Apr.16 1937

19. UNDERTAKER A. F. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED APR 16 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/37 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37, 19, to 4/15/37, 19

I last saw her alive on 4/15/37, 19 Death is said to have occurred on the date stated above, at 10p m.

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

	Date of onset
Degenerative Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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

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.

THIS IS A PERMANENT RECORD