

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4229 Washington Blvd.) St. Ward)

File No. 18093
Registered No. 4669

2. FULL NAME Louis L. Plummer

(a) Residence, No. 4229 Washington Blvd. 19 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/37 .19

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

22. I HEREBY CERTIFY, That I attended deceased from 1/10/25, 19..... to 5/6/37, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22, 1875

I last saw him alive on 5/6/37, 19..... Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 1 14

Apoplexy. Date of onset 5/6/37

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

Other contributory causes of importance: Chr. myocardial degeneration

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) (STATE OR COUNTRY) Ky.

13. NAME Jeremiah Plummer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Margaret Hensley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Georgiana C. Plummer (ADDRESS) 4229 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 8, 1937

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

20. FILED MAY 7 1937 J. Bredbeck Registrar.

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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) H. Steiner, M. D.
(Address) 6815 W. Linn St.

OCCUPATION 2/3
FATHER 2
MOTHER 2

