

REC'D SEP 14 1938

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

27713

Do not use this space.

791  
1008

7727

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(c) City ST. LOUIS, MO (d) Street No. ST. MARYS INFIRMARY St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

456 JAMES E. PLUMMER  
(a) Residence, No. 1516 Goode, AVE. St. 11 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAUDELL PLUMMER  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1876  
7. AGE YEARS 61 MONTHS 11 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WAITER  
9. Industry or business in which work was done, as 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) Collinsville, ILLINOIS

FATHER 13. NAME ISOR PLUMMER

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

MOTHER 15. MAIDEN NAME VICTORIA ALBERTS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Ill.

17. INFORMANT MAUDELL PLUMMER  
(ADDRESS) 1516 Goode, AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept. 1 1938

19. FUNERAL DIRECTOR (NAME) A. H. BEAL  
(ADDRESS) 2726 LUCAS ST.

20. FILED AUG 31 1938 J. F. Bredich  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1938 to August 28, 1938  
I last saw him alive on August 28, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis and Myocarditis  
Date of onset

Other contributory causes of importance: Edema of Brain

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical (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? no  
If so, specify \_\_\_\_\_  
(Signed) M. L. McQuinn, M. D.  
(Address) 1573 Goode Ave.  
St. Louis, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by C. M. Pennington

Registered Apprentice No. 125, working under my personal supervision.

Signed Birdie Beal Andersen

Licensed Embalmer No. 2929

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**