

34478

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

NOV 13 1939

791  
1002

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9016**

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town East St Louis

(c) Name of hospital or institution 5121 Croate Av No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

(c) City or town East St Louis 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 5121 Croate Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George F Plough 4th

3. (b) If veteran, name war No

3. (c) Social Security No. 498-10-640

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22  
 year 1939 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Plough

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: (Month) 10 (Day) 4 (Year) 1879

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death

Due to Renal Colic

Due to Intestinal Obstruction

Other conditions (Include pregnancy within 3 months of death)

Major findings: OK

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Ill (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation P.W.A. CLERK

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Franklin Plough

13. Birthplace Ill (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Elizabeth Jenkins

15. Birthplace Ill (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Genevieve Plough

(b) Address 5121 Croate

17. (a) Burial (b) Date thereof 10-26-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan Undert Co

(b) Address 2849 No Euclid Ave

19. (a) OCT 23 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph M. Sullivan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner (Date signed) \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39  
31 West

**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.....

*Henry Jones*  
.....  
working under my personal supervision.

Registered Apprentice No. *170*

Signed *Eugene Sullivan*  
.....

Licensed Embalmer No. *2930*

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.**