

No. 2
-13-40
17-39
X23

JAN 8 1941
784

State File No.

Primary Registration District No. 115

Registrar's No. 2427

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1019 Leona Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 Leona Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Dec 15, 1940 to Dec 21, 1940
that I last saw him alive on Dec 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis 1 wk
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Herman Glen Plank

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marcella 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased May 25 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 6 26 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Beeler Steel Co.

12. Name Everett Plank

13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Della Sutler

15. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Everett M. Plank

(b) Address 1019 Leona Ave.

17. (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 23 1940 (b) H. Meyer
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 W. S. Lippert (M. D. or other) W. S. Lippert
Address 402 State St. Date signed 12-21-40

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

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wilford H Burnley

Licensed Embalmer No. *4205*

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, fact should be so stated above.