S. No. 2
—1-4-41
5-17-39
P1 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19024

REC'D JUN 6 1941

Registration District No. 154 Primary Registration District No. 500 Registrar's No. 1128

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1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9208 - Argyle Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland (If outside city or town limits, write "RURAL")
(d) Street No. 9208 Argyle Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ROMAN J. PLUCINSKI
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Johanna
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. (Month) 27 (Day) 1868 (Year)

8. AGE: Years 72 Months 5 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation retired Merchant
11. Industry or business ____
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Helena Plucinski
(b) Address 9208 Argyle Ave. Overland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2506 Woodson Rd - Overland Mo.
19. (a) MAY 27 1941 (Date received by local registrar) (b) MAY 27 1941 (Registrar's signature) Mae Mae McDaniel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 15, 1941, to May 15, 1941, that I last saw him alive on May 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Tuberculosis
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature J. J. Vignard (M. D. or other)
Address 1875 Jefferson Date signed 5-27-41

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

(Licensed Embalmer's Statement on Reverse Side)

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 Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, Mo

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.