

No. 2
4-13-40
-17-39
X23159

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. ST. LOUIS

(b) City or town. LEMAY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 812 MILITARY Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 0
(Specify whether years, months or days)

In this community. 0

2. USUAL RESIDENCE OF DECEASED: 096

(a) State. MO (b) County. ST. LOUIS 00

(c) City or town. LEMAY MR
(If outside city or town limits, write "RURAL")

(d) Street No. 812 MILITARY RD
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME. JOHN B. PLEIMANN

3. (b) If veteran, name war. NO

3. (c) Social Security No. 498-01-7630

4. Sex. MALE 0

5. Color or race. WHITE

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

6. (b) Name of husband or wife. ADELE

6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased. NOV 23 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 16
If less than one day hr. min.

9. Birthplace. ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation. DIVER.

11. Industry or business. 1015

12. Name. JOHN PLEIMANN

13. Birthplace. ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name. SOPHIE RINGNALD

15. Birthplace. ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant. ADELE PLEIMANN

(b) Address. 812 MILITARY RD

17. (a) BURIAL (b) Date thereof. 7 12 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt Hope Cem.

18. (a) Signature of funeral director. J. B. Fisher

(b) Address. 7128 Michigan

19. (a) JUL 10 1941 (b) Registrar's signature. J. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1941 hour 8:45 minute P. M.

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

that I last saw h. alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death. Extensive Epicardial Hemorrhages; Multiple Pulmonary Ecchymotic Haemorrhages, (Caisson's Due to Disease), as a result while Bell diving in 95 feet of water in Jefferson Barracks, Missouri, and other conditions arising too speedily, about 4:17 o'clock P.M., July 7, 1941

Major findings: Of operations. 1941

Of autopsy.

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

(a) Accident, suicide, or homicide (specify). Accident 000

(b) Date of occurrence. July 7, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) If injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)

While at work? (e) Means of injury.

23. Signature. J. Fisher (M. D. or other) 3
Date signed. 7/10/41

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

930

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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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address: *732 Lemay*

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.