. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12060A 9082

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 779

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 4/3/42 (Specify whether

In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis 0 (If outside city or town limits, write "RURAL")

(d) Street No. 4931 Schollmeyer. 0 (If rural, give location)

(e) Citizen of foreign country? - 0 (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Joseph Pluempe

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mathilda

6. (c) Age ~~of husband or~~ wife if alive 65 years

7. Birth date of deceased September 21, 1875 ~~1871~~ (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66 ~~70~~	6	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Maintenance Work

11. Industry or business -

FATHER
12. Name Frank Pluempe
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Croft
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 4-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Gravois

19. (a) APR 7 1942 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th, year 1942 hour 9:45 minute p. M.

21. I hereby certify that I attended the deceased from April 3rd, 1942, to April 5, 1942 that I last saw him alive on April 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial insufficiency.

Due to

Other conditions - (Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy No autopsy.

Duration: Unknown

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, or farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 4/6/42.

767

(Licensed Embalmer's Statement on Reverse Side)

W. 21/42

APR 22 1942

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 Juddie A. Zingenbein

Licensed Embalmer No. 2470

P. O. Address 6409 Gravois

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

If this body is not embalmed, fact should be so stated above.

4931 Schollmeyer

9083
9082

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 9082

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 779

On this 14th day of April, 1942, before me appears Mathilda E. Pluempe (widow), who, upon her oath, states that the original record of ~~birth~~ death for Joseph Pluempe, ~~born~~ died April 5, 1942, 19..., in the State of Missouri, and which was filed at Clayton, Mo. on 4-7-42, 19..., should be corrected as follows:

Item No. 7 should read Sept. 21, 1875
Instead of Sept. 21, 1871

Item No. 8 should read 66 yrs. 6 mo. 14 days
Instead of 70 years. 6 mo. 14 days

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL) ✓ Affiant Mathilda E. Pluempe Widow
Relationship.

4931 Schollmeyer Av.
Present Address.

Subscribed and sworn to before me this 14th day of April, 1942

My Commission expires February 3rd 1945. Henry Kropp Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M 1-19-40
I X22256

APR 22 1952

12060 A