

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28090

State File No. _____

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 16-33

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural Meramec Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Eureka Mo RR #3 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 1 Day
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Eureka Mo RR #3 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gale Plimmans Jr
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 26th
year 1944 hour 11 minute - M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 26 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 26th 1944 to death same day 1944
that I last saw him alive on Aug 26th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 1 Days _____ If less than one day
hr. _____ min. _____

Immediate cause of death Intracranial hemorrhage
Due to Birth trauma
Due to difficult birth

9. Birthplace Eureka Mo
(City, town, or county) (State or foreign country)
10. Usual occupation infant

Other conditions 160
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Gale Plimmans
13. Birthplace Princeton Mo
(City, town, or county) (State or foreign country)
14. Maiden name Verina Bowden
15. Birthplace Iberia Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Gale Plimmans
(b) Address Eureka Mo RR #3
17. (a) Burial (b) Date thereof Aug 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Proylem Hiller Co Mo
18. (a) Signature of funeral director J. J. Plimmans
(b) Address Home Springs Mo
19. (a) 26 Aug 1944 (b) J. J. Plimmans
(Date of 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 Clara M. Sebest (M. D. or other) MD
Address Valley Park Mo Date signed 8/26/44

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

9-12-44

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 _____

not embalmed.

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. B. Binner

Licensed Embalmer No. _____

1470

P. O. Address _____

House Springs

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.