

FILED MAY 27 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 4365

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Miss Ruth Plummer

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 3 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Hair Dresser

11. Industry or business _____

12. Name Horace Greeley Plummer

13. Birthplace Trenton N. J.
(City, town, or county) (State or foreign country)

14. Maiden name Florence Ayers

15. Birthplace Trenton N. J.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Naomi Plummer

(b) Address 6038a Delmar Blvd.

17. (a) Burial (b) Date thereof 5-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) MAY 15 1946 J. F. Breadch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060
(c) City or town St. Louis 577
(If outside city or town limits, write "RURAL")
(d) Street No. 6038a Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 8 P. M. minute 26 M.

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

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural & Epidural Hemorrhage of brain
Thin capsule and membrane of same could not be determined
Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) Open Verdict

(b) Date of occurrence 5-15-46

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Underline

(Specify type of place) _____
While at work _____ (e) Means of injury Car

23. Signature Patricia E. Taylor (M. D. or other) _____
Address _____ Date signed 5/15/46

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

Robert L. Bankman
Licensed Embalmer No. *3553*

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.