

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11400**
3481
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **318**
(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **Alexian Bros., 0**
(d) Length of stay: **10 weeks**
In this community **Life.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **020**
(c) City or town **St. Louis, Missouri**
(d) Street No. **7019 Marquette Ave., 37**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **George H. Plowright**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 15th, 1863**

8. AGE: Years **83** Months **6** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Janesville Wisconsin**
10. Usual occupation **Show worker**

11. Industry or business _____
12. Name **Thomas Plowright**
13. Birthplace **Not known**
14. Maiden name **Minerva Taylor**
15. Birthplace **Not known**

16. (a) Informant **Mrs. Frank Krein**
(b) Address **4005a Wilmington Ave.,**
17. (a) **Burial** (b) Date thereof **4/1/47**
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**
(b) Address **7027 Gravois Ave.**
19. (a) **APR 2 1947** (b) **J. F. Brudick**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** 29th
year **1947** hour **9** minute **05 P.M.**
21. I hereby certify that I attended the deceased from **Jan. 21, 1946** to **March 29, 1947**
that I last saw him alive on **March 29, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary embolus**
Due to **thrombophlebitis left leg.**
Other conditions: **100**
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **E. H. Powell** (M. D. or other) **M.D.**
Address **729 France Bldg.** Date signed **3-31-47**

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

MOTHER FATHER

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 W. J. Peterson

Licensed Embalmer No. 3767

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.