

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2302

1. PLACE OF DEATH: St. Louis, Mo
 (a) County St. Louis, Mo
 (b) City or town St. Louis, Mo
 (c) Name of hospital or institution St. Louis Training School 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 yrs
 In this community 16 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bellefontaine Rd
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELIONORE PLUMMER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 1
 year 1947 hour 5 minute 10 A. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if live _____ years
 7. Birth date of deceased: October 26 1927
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 30, 1945 to October 1, 1947
 that I last saw her alive on October 1, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 19 Months 9 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death: Hydatid pneumonia 8 days
 Due to: Hydrocephalus life

9. Birthplace: St. Louis, Mo (City, town, or county) (State or foreign country)

Other conditions: 157 a
 (Include pregnancy within 3 months of death)

10. Usual occupation: none

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____

12. Name Roy Bradley (alleged)

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Plummer

15. Birthplace Lebanon, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Records of St. Louis Training School

(b) Address Bellefontaine Rd

17. (a) Anatomical Board Date thereof 10-17-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Ruten
 (b) Address 3500 Ruten St

19. (a) 11-3-47 (b) Bewaz Shoyfi
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 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)
 Means of injury 0

23. Signature Edward P. Triff (M. D. or D. O.)
 Address St. Louis Training School Date signed 10-1-47

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

LW 81
06
LW 81

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.....

Licensed Embalmer No.....

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.