

No. 300
10. 48
FILED JUL 19 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHReg. *Handwritten*
State File No. 25528BIRTH NO. 46431-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1653

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton Richmond Flats			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville <i>8120</i>		
c. LENGTH OF STAY (in this place) 6 days			d. STREET ADDRESS (If rural, give location) 1213 Schilling Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital					

3. NAME OF DECEASED. (Type or Print)		a. (First) Lou	b. (Middle) Nell	c. (Last) Plagman	4. DATE OF DEATH (Month) (Day) (Year) 7 5 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) --		8. DATE OF BIRTH 6/29/1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Clayton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George O. Plagman		13b. MOTHER'S MAIDEN NAME Josephine Zerweck		14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George O. Plagman Belleville, Ill.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extrem prematurity			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			776X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on July 5, 1950, and that death occurred at 3:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Handwritten Signature</i>		(Degree or title)		23b. ADDRESS 63 E. H. Bond		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-6-50		24c. NAME OF CEMETERY OR CREMATORY Belleville		24d. LOCATION (City, town, or county) (State) Illinois	
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DATE REC'D BY LOCAL REG. 7-6-50		REGISTRAR'S SIGNATURE <i>Handwritten Signature</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. Allen Davis
Licensed Embalmer No. 40531

P. O. Address _____
W. B. Davis

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.