

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2889
776
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 5 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PAC. Hosp.				d. STREET ADDRESS (If rural, give location) 8219 VULCAN					
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) Clements		c. (Last) Pleimann		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 51		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 21 1875		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. BRIDGE CARPENTER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME BERNARD PLEIMANN			13b. MOTHER'S MAIDEN NAME CHRISTINE GOEWERT			14. NAME OF HUSBAND OR WIFE MARGARET			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 702-14-6993		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET PLEIMANN 8219 VULCAN				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis.						yes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) c Auricular fibrillation							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Bronchopneumonia							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 2nd					
22. I hereby certify that I attended the deceased from Jan 18, 1951, to Jan 23, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 5 AM m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert A. Huckstep M.D.				23b. ADDRESS 1755 So. Grand			23c. DATE SIGNED 1-23-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan. 25 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE RECD BY LOCAL HEALTH DEPT. MAY 25 1951		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Tindley Jr. 7178 Michigan				

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

922

*Ward
Green*

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Clarence Kachon

Student Embalmer No.....

Licensed Embalmer No. *3093*

P. O. Address *17128 Michigan*

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.