

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6530
Registrar's No. 1558

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer Phillips		STREET ADDRESS (If rural, give location) 1104 O'Fallon	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) c. (Last) Pluck			4. DATE OF DEATH (Month) (Day) (Year) February 11 1951			
5. SEX F 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 26, 1872	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Days 10	11. IF UNDER 24 HRS. Hours 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Woodford, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Unk.	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. No	17. INFORMANT'S SIGNATURE OR NAME Lester Rollins	ADDRESS 2317 Cole
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Reg. Mortuary	(Degree or title) Secretary (Mort.)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-16-51	24c. NAME OF CEMETERY OR CREMATORY Oakdale	24d. LOCATION (City, town, or county) (State) Le May, Mo.
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DATE REC'D BY LOCAL REG. FEB 15 1951	REGISTRAR'S SIGNATURE J. B. Larater	25. FUNERAL DIRECTOR'S SIGNATURE E. B. KOONCE	ADDRESS 1221 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 4755

P. O. Address 12217 Grand

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.