

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35504  
Registrar's No. 9151

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		1. STREET ADDRESS (If rural, give location) 4204 a W Finney	

3. NAME OF DECEASED (Type or Print) a. (First) Ronnie b. (Middle) Mae c. (Last) Plummer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1951			
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Dec. 14th, -1916	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Tom Graham	13b. MOTHER'S MAIDEN NAME Sally Mack	14. NAME OF HUSBAND OR WIFE Jimmy Plummer
-------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jimmy Plummer 4204 /a w Finney Ave
---	----------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thyrotoxicosis		
	ANTECEDENT CAUSES DUE TO (b) Undetermined Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

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? 252.0
--	--	----------------------------------

22. I hereby certify that I attended the deceased from 7-28, 1951, to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE N. J. Brown 0 (Degree or title)	23b. ADDRESS M. D. 2601 N Whittier St	23c. DATE SIGNED 10-15-51
--	---------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 10/17/51	24c. NAME OF CEMETERY OR CREMATORY Savannah Tenn	24d. LOCATION (City, town, or county) (State) Savannah Tenn
---	--------------------	--	---

DATE REC'D BY LOCAL REG. OCT 17 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/w Labadie Ave
--------------------------------------	-------------------------------------	---

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 *Lawrence Woodson*

Licensed Embalmer No. *4341*

P. O. Address *St Louis 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.