

STANDARD CERTIFICATE OF DEATH

State File No. **40999**
 Registrar's No. **10790**

FILED NOV 24 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	a. STATE Missouri b. COUNTY 2227
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location)	
		22 2008 Hickory St.	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Lemro	c. (Last) Plymale	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 12, 1953.

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April, 4, 1886.	9. AGE (In years last birthday) 67.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) West Fork, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Amos Plymale	13b. MOTHER'S MAIDEN NAME Patsy Sutterfield	14. NAME OF HUSBAND OR WIFE Lucy Plymale
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Mary Bingham	ADDRESS 8401 Reilly Ave.
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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, ashenia, 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) Surgical Shock; Bleeding		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Peptic Ulcer; while undergoing gastrectomy at City Hospital		
II. OTHER SIGNIFICANT CONDITIONS #1 Nov 12, 1953 about 6:30 pm.		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ACCIDENT	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 12 53 6:30	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5411
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor	(Degree or title) Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-13-53	24c. NAME OF CEMETERY OR CREMATORY Greeley Cemetery	24d. LOCATION (City, town, or county) (State) Greely, Missouri.
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DATE REC'D BY LOCAL REG. NOV 13 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, ~~by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. J. P. Bernick*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.