

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13950**
Registrar's No. **3451**

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. Is Residence within limits of city or incorporated town? YES <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 8219 Vulcan		20190	

3. NAME OF DECEASED (Type or Print) Wm R. Pleimann	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH April 14, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never	8. DATE OF BIRTH OCT. 4 1906	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 17	IF UNDER 24 HRS. Days 17	Hours 17	Min. 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Foreman	10b. KIND OF BUSINESS OR INDUSTRY R.R. Maintanec	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Pleimann	13b. MOTHER'S MAIDEN NAME Marg Aubuchon	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 date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME MARGARET PLEIMANN	ADDRESS 8219 VULCAN
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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)	Cardio Vascular Renal Disease		12 days
ANTECEDENT CAUSES	DUE TO (b) Angioneurotic Edema		42 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Bilateral edema		4 yrs
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) 241X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1/14**, 19**50**, to **4/14**, 19**54**, that I last saw the deceased alive on **4/14**, 19**54**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Matchel L. Bartwick M.D.	23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 4/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) St. Louis, Co.
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DATE REC'D BY LOCAL REG. APR 17 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. FENDLER JR	ADDRESS 7128 MICHIGAN
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Clarence Archon*.....

Licensed Embalmer No. *309*.....

P. O. Address *7178 Mick*.....

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.