

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38733

10208

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) <b>55 years</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1525 Newhouse Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>1525 Newhouse Avenue (7)</b>							
3. NAME OF DECEASED (Type or Print) <b>ORVILLE PLUMMER</b>			a. (First) <b>ORVILLE</b>			b. (Middle) <b>PLUMMER</b>					
4. DATE OF DEATH <b>Nov. 21, 1955</b>			4. DATE OF DEATH (Month) (Day) (Year)								
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>January 23, 1878</b>					
9. AGE (In years last birthday) <b>77</b>		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) <b>Retired Die Setter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Can Company</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Gilead, Illinois</b>					
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Janes Plummer</b>		13b. MOTHER'S MAIDEN NAME <b>Orlena Burns</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Plummer (Deceased)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-07-8282</b>		17. INFORMANT'S SIGNATURE OR NAME <b>NONA PLUMMER</b>				ADDRESS <b>1525 NEWHOUSE</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial infarction</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>Oct 18, 1955</b> , to <b>Nov. 21, 1955</b> , that I last saw the deceased alive on <b>Nov. 21, 1955</b> , and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Henry C. Westerman, M.D.</b>				23b. ADDRESS <b>2136 East Grand Ave</b>		23c. DATE SIGNED <b>11-22-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-23-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>NOV 22 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b> ADDRESS <b>3934 N. 20th. Street</b>							

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..... Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P 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.