

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3008

FILED JAN 29 1957

318

1003

State File No.

Registrar's No. 391

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): a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St Louis</u>		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 _____				e. STREET ADDRESS (If rural, give location) _____			
38 <u>D.O.A. Homer W. Phillips 27101104 No Compton</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anderson</u> b. (Middle) _____ c. (Last) <u>Plump Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-57</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Dec 30, 1941</u>	
9. AGE (In years last birthday) <u>15</u>		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) <u>child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Anderson Plump</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anderson Plump Jr. 1104 N. Compton</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of Blood following a gunshot wound of face and neck suffered when gun handed by aunts, Larry Christner who accidentally discharged striking deceased in shop at 5617 Winona about 7:55 am. Jan 9 1957.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 HOURS</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo 9190</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 9 57 7a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>19</u>			
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 <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Smith Deputy (Name)</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/14/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>		24d. LOCATION (City, town, or county) (State) <u>Remay Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 14 57</u>		REGISTRAR'S SIGNATURE <u>Paul Smith mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.H. Burko 3506 Franklin</u>			

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 *Leroy W. Sannister*.....

Licensed Embalmer No. *452*.....

P. O. Address *888 2616 Gar*.....

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.