

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6532

STATE FILE NUMBER

FILED FEB 25 1957

318

1003

977

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Matson 0920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 2-wks.	d. STREET ADDRESS (If outside, give location) Daniel Boone Farm
3. NAME OF DECEASED (Type or print) First HERMAN Middle EDGAR Last PLEW		4. DATE OF DEATH Month Day Year JAN. 29, 1957	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. & Gen. Mgr. Herman		10b. KIND OF BUSINESS OR INDUSTRY Body Co.	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Early Plew		14. MOTHER'S MAIDEN NAME Charity McHood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-14-5044	17. INFORMANT Address Mo. Mrs. Marie Plew, Daniel Boone Farm, Matson,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sub-acute Monocytic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 204.2			INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from JAN. 23, 1957, to JAN. 29, 1957 and last saw her alive on JAN. 29, 1957. Death occurred at 2:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. D. McMillion M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 1, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. JAN 30 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith, Mo. MFB

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service
300 -56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 25 1951

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 *Francis William*

Licensed Embalmer No. 38

P. O. Address 3840 Du

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