

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15151

STATE FILE NUMBER

FILED MAY - 8 1957

318

1003

3834

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hosp.</b>		Length of stay in lb <b>9054</b> STREET ADDRESS <b>5672 Clemens Ave.</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ERVIN</b> Last <b>PLUNK</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>21</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 8, 1912</b>
9. AGE (In years last birthday) <b>45</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Tennessee</b>	
13. FATHER'S NAME <b>Mike Plunk</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
14. MOTHER'S MAIDEN NAME <b>Mettie Sipes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address (Wife) <b>Lessie Opal Plunk 5672 Clemens Ave.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured Cerebral Artery</b> 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)			INTERVAL BETWEEN ONSET AND DEATH
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
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, etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		20i. ADDRESS	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>858</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M Kelly</b> (Type or print)		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>4-22-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <b>4-22-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Henderson, Tenn.</b>	
23d. LOCATION (City, town, or county) (State) <b>Henderson, Tenn.</b>		24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. King Highway</b>	
25. DATE RECD. BY LOCAL REG. <b>APR 22 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

securing the medical certification in the specific manner required by 193.140 makes this

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.....  
*Edwin A. McNamee*

Licensed Embalmer No. *3024*

P. O. Address .....

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.