Health, & Welfare Public Service

300
1-57

9
596
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015556
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4003

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Little Sisters of The Poor — Length of stay in 1b: 7 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4415 Minnesota Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lola — Middle: Oliva — Last: Plumpe
4. DATE OF DEATH: Month: April — Day: 22 — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: About Mar. 13, 1875
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months: 1, Days: 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): NewOrleans, La.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Andrew Manteness
13b. MOTHER'S MAIDEN NAME: Oliva Leche
14. NAME OF HUSBAND OR WIFE: William Plumpe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sr. Marie Jean, Supr. — Address: 3400 S. Geand Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis — yrs.
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: St Louis, Mo — COUNTY — STATE

21. I attended the deceased from Jan 1959, to 4/22/59 and last saw her alive on 4/20/59
Death occurred at 2:30 P. M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Renezera Md. (Degree or title)
22b. ADDRESS: 8059 Watson Rd.
22c. DATE SIGNED: 4/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/24/59
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Gebken Sons — ADDRESS: 2630 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: APR 23 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, M

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.