# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

13513

File No. .....

Registered No. 3846

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1903

City St. Louis, Mo. (No. Isolation Hosp. St. ..... Ward)

**2. FULL NAME** William Puckering (WILLIAM PUCKERING)

(a) Residence. No. Annex House (Usual place of abode) St. 615 Walnut St. Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5 – 11 – '60

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | 11 | 8 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 54

(b) General nature of industry, business, or establishment in which employed (or employer) ..... 15B

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) American (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Puckering

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Penzie Pape

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England (STATE OR COUNTRY)

14. INFORMANT L. Broner (Address) 5600 Arsenal St

15. FILED APR 22 1927 19.. Max C. Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 – 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr-10, 1927, to Apr-19, 1927, that I last saw him alive on Apr 19, 1927, and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of Face & Scalp } Non-Traumatic

~~Carcinoma of Cheek~~

..... (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Cheek

..... (duration) ? yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 615 Walnut

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George A Garrison, M. D.

, 19 (Address) Isolation Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| City Cemetery | 4-22-1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| Mrs Goodwin | 5800 Arsenal |

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.