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

Do not use this space.

40509

File No. .....
Registered No. 168

JAN 22 1931

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington, Mo. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME Louis H. Puellmann
(a) Residence. No. ~~St. Louis~~ ..... St., ... Ward. Chesterfield Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	1	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Cutting lawns in Cemetery
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records + Chas Puellmann Chesterfield Mo
(Address) Farmington, Mo.

15. FILED 12-5-1930 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1930, to Dec. 4, 1930 that I last saw him alive on Dec. 4, 1930, and that death occurred, on the date stated above, at 10 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Strangulation
165
162 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senile Dementia
168 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? inquest — yes
WHAT TEST CONFIRMED DIAGNOSIS? Inquest by Coroner
(Signed) C. F. Stocton M. D.
12-4-1930 (Address) Farmington, Mo

*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 Buried at Gumbs Mo ~~Removed to Raleigh~~
DATE OF BURIAL 12-5-1930

20. UNDERTAKER Neidert Wood Co
ADDRESS Farmington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.