

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.

FEB 12 1938

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

1309
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. 791
(b) Township _____ Primary Registration District No. 1003
(c) City St. Louis, Missouri (d) Street No. _____ Registered No. 1165
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
BARNES HOSPITAL St.

2. PRINT FULL NAME Austin Willard Puckett 290

(a) Residence, No. _____ St. NR Columbia, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 8 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trucking
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Dec 2, 1937
11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Illinois

FATHER 13. NAME William Puckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood, Arkansas

MOTHER 15. MAIDEN NAME Mary Elizabeth Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weir City, Kansas

17. INFORMANT William Puckett
(ADDRESS) Columbia, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACES Collinsville, Illinois February 2, 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED J. T. Bredeck
Local Registrar.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-26-38, 19, to 1-30-38, 19.

I last saw him alive on 1-30-38, 19. Death is said

to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

Metastatic teratomata
1. Abdominal
2. Pulmonary
Primary seat of tumor, which was removed 12-18-37

Date of onset

Other contributory causes of importance:

51D

Name of operation Orchidectomy-left Date of 12-15-37

What test confirmed diagnosis? Micro Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Thomas H. Buford, M. D.
(Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Albert W. Happe

Licensed Embalmer No. *1861*

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.)