DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4689

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1519

**1. PLACE OF DEATH:**

(a) County

(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 Day.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St.Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2737 Geyer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years.

3. (a) PRINT FULL NAME 359 MARY PUTNEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Putney

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 20.1873 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 4 | 22 | hr. min. |

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At HOME

FATHER
12. Name Blasins Kern
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rossina Luther
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Putney
(b) Address 2737 Geyer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15/40 (Month) (Day) (Year)
(c) Place: burial or cremation New ST MARCUS

18. (a) Signature of funeral director Thos. Kutis
(b) Address 2906 Gravois Ave

19. (a) FEB 14 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 12
year 1940 hour 11 40 QA M. minute M.

21. I hereby certify that I attended the deceased from August 1939, 1939, to Feb. 12, 1940, that I last saw h 4 alive on Feb - 12 - 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. H. Manns M.D. (M. D. or other)
Address 2606 Gravois Ave Date signed 2-13-40

(Licensed Embalmer's Statement on Reverse Side)

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.

3606 [illegible]

**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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**