DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20155

Registration District No. 791 JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5103

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

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

(d) Street No. 2240 Shenandoah Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Joseph Puthoff 310

3. (b) If veteran, name war no

3. (c) Social Security No. 490-10-9969

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Delpha Puthoff

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. (Month) 8 (Day) 1878 (Year)

8. AGE: Years 61 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Steel Moulder

11. Industry or business Steel Foundry

FATHER
12. Name Fred Puthoff
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hanna Gazelle
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Delpha Puthoff

(b) Address 2240 Shenandoah Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope East St. Louis Ill.

18. (a) Signature of funeral director Wm. G. Moynell

(b) Address 1026 Allen Ave.

19. (a) JUN 11 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day Ninth year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 5-26-, 1940, to 6-9-, 1940, that I last saw h. alive on 6-9-, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	14 days
Due to: Acute Suppurative Appendicitis	14 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Acute perforated suppurating appendicitis

Of autopsy:

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 H. Hofmeister (M. D. or other)

Address 3958 S. Broadway Date signed 6/9/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PRINT—USE UNFADING BLACK INK—MAKE 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.

I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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