

LED MAY 27 1943
Registration District No. **18**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **15 hrs**
In this community..... **Birth** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Infant Puckett**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**

6. (b) Name of husband or wife. **None** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 12, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 15 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business

12. Name **Douglas Puckett**

13. Birthplace **Steelville Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy L. Bennett**

15. Birthplace **St. Louis County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Douglas H. Puckett**

(b) Address **5327 North Union Ave**

17. (a) **Burial** (b) Date thereof **5/15/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **MAY 14 1943** (b) **J. P. Bredsch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5327 North Union A ve**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1943** hour **9:00 AM** minute..... M.

21. I hereby certify that I attended the deceased from **May 15**, 19**43** to **May 17**, 19**43**

that I last saw him alive on **May 13**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **premature baby**

Due to **6 1/2 months old**

Due to.....

Other conditions (include pregnancy within 3 months of death) **157**

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Quinn Ross** (M. D. or other) **19189 out for card**
Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.

Not embalmed.

Signed.....
Thomas Williamson

Licensed Embalmer No. *(Math Sherman)*

P. O. Address.....

Body not embalmed

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, fact should be so stated above.