

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26981
Registrar's No. 7223

FILED AUG 23 1943 818

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos., 10 days
(Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Cotis Pufoy

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased February 10, 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 5 27 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Jessie Pufoy

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Robinson

15. Birthplace Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley W. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 8 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattersonfield

18. (a) Signature of funeral director J. D. Richardson

(b) Address 2625 S. Main

19. (a) J. F. Bredeck (b) J. F. Bredeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1410a Cole
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7,
year 1943 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 28, 1943 to August 7, 1943;
that I last saw him alive on August 7, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to 10/10/43

Due to 10/10/43

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

Signature Alvin M. ... (M. D. or other)

Address 2601 N. Whittier Date signed 10/10/43

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.

Signed

Richardson

Licensed Embalmer No. *2928*

P. O. Address *2675 Bluzger*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.
7333
Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

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

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: Home of Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. 10 da
(Specify whether _____)
In this community 2 yr
years, months or days

3. (a) PRINT FULL NAME Cotis Pufory
3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race B 6. (a) Single divorced, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb. 10 - 1914
(Month) (Day) (Year)

8. AGE: Years 24 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 21 1945 (b) J. F. Brudeck
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

S. 26981