

Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
Firmin Deslodge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Agnes 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 E. Putney 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 4 _____ hr. _____ min.

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

10. Usual occupation At Home
Housewife

11. Industry or business _____
12. Name Unknown Unknown 9
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E Putney

(b) Address 1260 Goodfellow

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

(c) Place: burial or cremation Mt Lebanon Cem

18. (a) Signature of funeral director Shokites & Son

(b) Address 2906 Gravois Ave.

19. (a) SEP 13 1943 (Date received local registrar) (b) J. J. Branch (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. 1260 Goodfellow Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1943 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 16
1943 to September 11 19 43
that I last saw her alive on September 11 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma
Duration _____

Due to carcinoma

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

22. Major findings: carcinoma of ovaries
Of operations _____
Of autopsy Generalized carcinoma
PHYSICIAN I MAY 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) (r) Means of injury _____

23. Signature H. J. Branch (M. D. or other) _____
Address 1325 S. Grand Date signed 9/13/43

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.....

David Van Fossan

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Harris

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.