S. No. 2
M—5-43
. 5-17-39
I X36671

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

41659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42850

FILED DEC 23 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10750

1. PLACE OF DEATH:

(a) County

(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:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

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

(d) Street No. 1206a Aubert
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Male Puckett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 10, 1946
(Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 19 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Norman Puckett
13. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eileen Anna Heitz
15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant St Louis Maternity Hospital
(b) Address 630 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo

19. (a) DEC 16 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-10, 1946, to 12-12, 1946
that I last saw him alive on 12-11-46, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute hemolytic anemia	
Due to Erythroblastosis Fetalis	1 days 19 hrs
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.

161c

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 F. Ross McFadden (M. D. or other)

Address 630 S. Kingshighway Date signed 12/12/46

(Licensed Embalmer's Statement on Reverse Side)

10750

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, Mo

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.