

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

2998
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State File No. _____
Registrar's No. 238

Registration District No. _____ Primary Registration District No. _____

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:
3005 Lemp Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
life (Yes or No)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3005 Lemp Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM M. PUDDY

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 Widowed

6. (b) Name of husband or wife Gertrude Otto

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 51 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Hot Tamale

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Podolsky

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

14. Maiden name Mary Longmeyer

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

16. (a) Informant Mrs. Effie Seay

(b) Address 3005 Lemp Ave., St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) JAN 9 1947 (Date received local registrar) J. P. Buresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th year 1947 hour 4:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 10 1946 to Jan 7 1947 that I last saw him alive on Jan 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis, 3 months, myocarditis

Due to hypertension, 2 years

Due to Chronic liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1) 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)

(c) Means of injury _____

23. Signature Albert G. Bina (M. D. or other) 1841 212th Date signed 1/7/47

Duration 3 months

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....
Thomas R. Denwick

Licensed Embalmer No. *3793*

P. O. Address. *6175 Helman*

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.