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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38552
State File No. _____
Registrar's No. 10232

FILED DEC 3 1948 318
Registration District No. _____

Primary Registration District No. 1008

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town 45 Washington Terrace
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 15 Washington Terrace
12 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK O. PUTNEY
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 25
year 1948 hour 8:30 minute _____ A.M.
21. I hereby certify that I attended the deceased from July 1
1948 to NOV 25 1948
that I last saw him alive on NOV 25 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race White 6. (a) Single, 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: april (Month) 15 (Day) 1872 (Year)

Immediate cause of death Acute Coronary Dilatation Duration acute
Due to Transverse colon colotex 50% yrs
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 76 Months 7 Days 10 If less than one day _____ hr. _____ min.
9. Birthplace Michigan (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation Retired farmer 10 yrs

11. Industry or business _____
12. Name Elmore Putney
13. Birthplace New York (City, town, or county) _____ (State or foreign country) _____
14. Maiden name Harrill Postens
15. Birthplace New York (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Elmore Putney
(b) Address 15 Washington Terrace
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 25 48 (Month) (Day) (Year)
(c) Place: burial or cremation Yale Park

18. (a) Signature of funeral director J. B. Foster
(b) Address 6322 S Grand Blvd
19. (a) Nov 25 (Date received local registration) (b) J. B. Foster (Registrar's signature)

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) NO
(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 _____ Means of injury _____
23. Signature Lloyd R. Tate (M. D. or other) _____
Address 403 Arisee Bell Date signed 11-27-48

10232

MAR 28 1961

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 J. W. M. Bickley
Licensed Embalmer No. 3133
P. O. Address St. Louis, 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.