

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25195
State File No. 6219

318

1003

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3332 Caroline		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) _____		c. (Last) Puchta
		4. DATE OF DEATH (Month) (Day) (Year) 7-17-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-31-21	9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James Adair		13b. MOTHER'S MAIDEN NAME Kate Brown		14. NAME OF HUSBAND OR WIFE Wesley Puchta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, postoperative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 years
19a. DATE OF OPERATION 6-23-49	19b. MAJOR FINDINGS OF OPERATION Uretero-intestinal anastomosis.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) HO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X		
22. I hereby certify that I attended the deceased from 5-18-49 , 19____, to 7-17-49 , 19____, that I last saw the deceased alive on 7-17-49 , 19____, and that death occurred at 1:40 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE <i>Ray Howard MD</i>		23b. ADDRESS 1325 S. Grand (4), St. Louis, Mo.		23c. DATE SIGNED 7-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-17-49	24c. NAME OF CEMETERY OR CREMATORY Pickens LOCATION (City, town, or county) _____ (State) _____		
DATE REC'D BY LOCAL REG. JUL 18 1949	REGISTRAR'S SIGNATURE <i>J. B. Casater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Allen H. McLaughlin</i> ADDRESS _____		

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

6219

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

R R Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.