

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25551

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 1469	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canoga Park		4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7808 Delmar Blvd.				d. STREET ADDRESS (If rural, give location) Rosco St. 2			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs Laura Buie		b. (Middle) Buie		c. (Last) Putnam		4. DATE OF DEATH (Month) (Day) (Year) July 14, '49	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify)		8. DATE OF BIRTH June 5, 1868	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months Days Hours Mins.	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Donald Buie		13b. MOTHER'S MAIDEN NAME Annie Laurie Herbert	
13c. NAME OF HUSBAND OR WIFE Lewis D. Putnam		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. P. Marshall		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS 7808 Delmar	
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) <u>Cirrhosis - Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Hypertension</u> DUE TO (c) <u>Undernutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs 5 1/2 yrs 42 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 24, 1949 to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Christ Eysmann M.D.</u>				23b. ADDRESS 634 N. Paul Ber		23c. DATE SIGNED 7/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15, '49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 7-15-49		REGISTRAR'S SIGNATURE <u>Robert R. Hanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander S. ...</u> ADDRESS 6175 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chas. Eyerman
Mo Theatre Bldg
Je. 5191

CERTIFICATE NEEDS DATE OF BIRTH

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 *Jos. E. McCulloh* _____

Licensed Embalmer No. *2460* _____

P. O. Address *6175 Delmar* _____

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.