

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13966

FILED MAY 6 1954

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3817

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2 5442 Rhodes Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5442 Rhodes Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Puettmann		4. DATE OF DEATH (Month) (Day) (Year) April 25, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 6, 1869
9. AGE (In years last birthday) Months Days 84		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Fort Smith, Arkansas	
13a. FATHER'S NAME Engelbert Bauchmann		13b. MOTHER'S MAIDEN NAME Don't know	
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 Mary Puettmann		ADDRESS 5442 Rhodes Ave.	
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) CEREBRAL THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 17 HRS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 332 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 MAR , 1952, to APR 25, 1954 , that I last saw the deceased alive on APRIL 25, 1954 , and that death occurred at 11:05P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. Dorman M.D.		23b. ADDRESS 5203 Cheppewa	
23c. DATE SIGNED 4/26/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/28/54	
24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. APR 27 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Smith M.D. Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri	

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe D. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18 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.