FILED JUN 14 1956

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18484

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5360

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ALEXIAN BROS. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN 24 ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 22 1/0
e. STREET ADDRESS (If rural, give location) 3174a OREGON

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) E. c. (Last) PUTMAN

4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1956

5. SEX MAle
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT 6 1887
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER
10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY
11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME GEORGE PUTMAN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND~~ OR WIFE IDA PUTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS IDA PUTMAN 3174a OREGON

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH 9-12 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia 163X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Pneumonectomy for Carcinoma (Palliative) 12-9-56
20. AUTOPSY? YES ☐ NO ☐

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) ~~162X~~

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/28, 1956, *to* 6/3, 1956, *that I last saw the deceased alive on* 6/2/56, *and that death occurred at* 7:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M8
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 6-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE June 6 1956
24c. NAME OF CEMETERY OR CREMATORY HIRAM CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. JUN 4 1956
REGISTRAR'S SIGNATURE [signature] M8
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 39

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.