

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40021

State File No.

FILED DEC 6 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2768</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside of city limits, give rural and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		c. CITY OR TOWN <u>Creve Coeur</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				• STREET ADDRESS (If rural, give location) <u>Route 3 - Box 518</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>F FRANCIS</u>		c. (Last) <u>PUTNAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 24, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 16th, 1893</u>		9. AGE (In years last birthday) Months Days <u>63 5 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Burroughs Corp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Forrest L. Putnam</u>			13b. MOTHER'S MAIDEN NAME <u>Lettie H. Shackelford</u>			14. NAME OF HUSBAND OR WIFE <u>Marion S. Putnam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marion S. Putnam Route 3 - Box 518</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism and mesencephalic embolism.</u> ANTECEDENT CAUSES (b) <u>Rheumatic Heart Dis. with mitral stenosis and auro-fibrillation.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>1 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410x</u>						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 <u>Jan 28, 1941</u> , to <u>Nov 24, 1956</u> , that I last saw the deceased alive on <u>Nov 1, 1956</u> , and that death occurred at <u>9 a m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Samuel B. Grant M.D.</u>				23b. ADDRESS <u>114 N. Taylor Ave</u>			23c. DATE SIGNED <u>Nov 24 '56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>11/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-26-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons 7233 Delmar Blv'd.</u>					

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4611*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.