

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH.

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis Mo. (NO. 131 CONVENT St. 7 Ward)

Registration District No. 781

Primary Registration District No. 1008

File No. 31026

Registered No. 8951

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sarah E. Pucker

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH September 28th, 1914
(Month) (Day) (Year)

DATE OF BIRTH July 6th, 1870
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 8th, 1914, to Sept. 28th, 1914, that I last saw her alive on Sept 26th, 1914, and that death occurred, on the date stated above, at 4 P. m.

AGE 44 yrs. 2 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

130 119
(Duration) yrs. 6 mos. 20 ds.

BIRTHPLACE (City or town, State or foreign country) St. Francis Co Mo.

Contributory (SECONDARY) _____

NAME OF FATHER James Pigg

(Duration) yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana

(Signed) W. H. Smith M. D.
Sept 29, 1914 (Address) 5914 Minerva

MAIDEN NAME OF MOTHER J. Hutchings

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Francis Co Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Helen Pucker

Where was disease contracted If not at place of death? _____

(ADDRESS) 131 Convent St.

Former or usual residence. _____

Filed SEP 29 1914 Max E. Starker REGISTRAR

PLACE OF BURIAL OR REMOVAL New St. Marcus DATE OF BURIAL Sept 30, 1914

UNDERTAKER Wm. Robert ADDRESS 1003 Russell ave.

N. H.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

