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

Do not use this space.

38532

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St. Louis Primary Registration District No. 1003 Registered No. 10927

City ..... (No. 3258 Arsenal St. ..... Ward)

2. FULL NAME Ethel Puhl

(a) Residence. No. 3258 Arsenal St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Granateville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Robt. Clinton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Eugene Puhl
(Address) 3258 Arsenal

15. FILED NOV -8 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929 to Nov 6, 1929 that I last saw her alive on Nov 6, 1929, and that death occurred, on the date stated above, at 4 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchial Pneumonia
131
107 W
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Brights Disease (Chronic Causes not known) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH T. I. death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urine & chest finding
(Signed) W. Buisking, M. D.
Nov 7, 1929 (Address) 3258 Lafayette

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
S. S. Peter & Pauls	Nov. 9th 1929
20. UNDERTAKER	ADDRESS
Wm Schumacher	3013 Meramec

N. B.—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.

WRITE PLAINLY, WITH UNFADING INKNOTHING IS PERMANENT RECORD

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