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

Do not use this space.

3123

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 615

City St. Louis, (No. Christian Hospital St. ..... Ward)

2. FULL NAME Robert S. Punshon.

(a) Residence. No. 1233 Blackstone St. 5 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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)
Male.	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73.	9.	7.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Deputy Fire Chief

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer City of St. Louis Mo

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thos. Punshon.

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

12. MAIDEN NAME OF MOTHER Sarah Stout.

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

14. INFORMANT Katherine W. Punshon
(Address) 1233 Blackstone Ave

15. FILED JAN 20 1930 19 Max C. Parker REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 17th, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1929, to Jan 17th, 1930 that I last saw him alive on Jan 17, 1930, and that death occurred, on the date stated above, at 9:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Oedema from inhaling Smoke & Conflagration

(duration) ..... yrs. 111 mos. 28 ds.

CONTRIBUTORY (SECONDARY) acute Cardia & Dilatation

(duration) ..... yrs. ..... mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & X-Ray

(Signed) J. E. McEntire, M. D.

, 19 (Address) 3801 Lee Ave

*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 Bellefontaine Cem. DATE OF BURIAL Jan. 21 1930

20. UNDERTAKER C. R. Rupton. ADDRESS Olive Street #4449

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.

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Office 3801 Lee-Coffax
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