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

Do not use this space.

3734 2/77

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 — Registered No. 277
City Richmond Hts. Mo. (No. St Mary's Hospital St. Ward)

2. FULL NAME Mary Ellen Puyear
(a) Residence. No. 1306 Woodland Dr. St. 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1930.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	—	—	2	

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

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

PARENTS
10. NAME OF FATHER Edgar Puyear
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Owensbourough,
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Thelma Hickman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bristol
(STATE OR COUNTRY) Tennessee

14. INFORMANT St Mary's Hospital
(Address) Edgar Puyear 1306 Woodland Dr.

15. FILED 11/23 1930 C. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/22 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/20, 1930, to 11/22, 1930, that I last saw her alive on 11/21, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral
49A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) [illegible], M. D
11/22, 1930 (Address) 505 Union Club Bldg.

*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 Lutesville, Mo — DATE OF BURIAL 11/23 1930

20. UNDERTAKER Croghan Mud — ADDRESS 7106 Manchester

N. B.—Every ... 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.

PERMANENT RECORD

Gaveni

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

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Name: Mary Ellen Puyear

Who died at Richmond Heights, Mo, on Nov. 32, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Embolism

Cause unknown - baby died while nurse was out getting its bottle - Dr. says not able to tell what particular thing caused death.

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

WRITE PLAINLY, WITH UNFADING INK---TH

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S-37341