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

Do not use this space.

File No. 40777

Registered No. 11452

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3209 N. 11 St. ..... St. ..... Ward)

2. FULL NAME Alvin Puellman

(a) Residence. No. 3209 N. 11th St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	0	14	

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

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

PARENTS

10. NAME OF FATHER Louis F. Puellman

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

12. MAIDEN NAME OF MOTHER Clara McGee

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

14. INFORMANT Emma Puellman
(Address) 3209 N. 11 St.

15. FILED DEC -6 1930 19 Ray C. Tarlton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4. 1930.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1930, to Dec. 4, 1930. that I last saw h. alive on Dec. 3, 1930, and that death occurred, on the date stated above, at 5.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (Squamous) of Larynx.
Hd
Hd
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anaemia
(duration) yrs. 2 mos. 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? Symptoms
(Signed) Herman L. Vollmer, M. D.
12.5, 1930 (Address) 2728 N. 11

*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
N. Bethlehem Cem.	Dec. 6, 1930
20. UNDERTAKER	**ADDRESS**
Guedmeyer & Son	3934 N. 20

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.