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.

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

Do not use this space.

3493

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 724

City St. Louis, Mo (No. Baptist Hospital St. ..... Ward)

2. FULL NAME Lowell Putnam

(a) Residence. No. 1121 Leonard Av. St. 18 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8, 1866

7. AGE: Years 64 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) 299
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY) 1

PARENTS
10. NAME OF FATHER Chas. O. Putnam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Massachusetts
12. MAIDEN NAME OF MOTHER Susan Saul
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. Ernie Manovill
(Address) 1239 Clara Av.

15. FILED JAN 19 1931 19 Max C. Harkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-11-1931, to 1-16-1931, that I last saw him alive on 1-16-1931, and that death occurred, on the date stated above, at 1158 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Aneurism
96
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 96
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Xray and Clinical
(Signed) J. H. Walton, M. D.
1/17/1931 (Address) 2945 Franklin

*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 Cemetery
DATE OF BURIAL: 1/19/1931

20. UNDERTAKER: Bergesch Und. Co. 3661 Washington Bl.
ADDRESS