

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

Do not use this space.

31436

1. PLACE OF DEATH

County SEP 23 1934 Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. 1619 N. 16th Street St. _____ Ward)

File No. _____
Registered No. 8760
St. _____ Ward)

2. FULL NAME Harold Puhse

(a) Residence, No. 1619 N. 16th Street 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 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
11 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Alfred Puhse

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Edith Rawlings

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mr. Alfred Puhse (ADDRESS) 1619 N. 16th Street

18. BURIAL PLACE Edwardsville Ill. DATE Sept 3rd 1934

19. UNDERTAKER Henry Leidner Undertaking Co (ADDRESS) 1417 N. Marlet Street

20. FILED MOU 31 1934 19. J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Aug. 30 1934.
I last saw him alive on Aug 30 1934. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
21611
2311
210
261

Other contributory causes of importance:

Path. Disease of spine
Auto accident contributory in that it brought up process of

Name of operation none Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury June 1934

Where did injury occur? on Highway No. 66 near Edwardsville
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
On highway auto accident

Manner of injury Auto mobile collision
Nature of injury short chord + spinal fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John Miller M. D.
(Address) 835 Mason Bldg

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.

