

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

Do not use this space.

DEC 3 1936

339853

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1)

File No.....

Registered No. 10923

St. Ward)

B. 11136 Anna Puls

2. FULL NAME

(a) Residence, No. 2802 1/2 Cass Avenue St. 21 Ward. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20th 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk
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) (STATE OR COUNTRY) Ireland

13. NAME Thomas Murphy

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

15. MAIDEN NAME Hannah Leahy

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

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhall Cemetery Nov. 2 1936

19. UNDERTAKER Henry Leichter et al (ADDRESS) 1417 1/2 Market

20. FILED NOV - 1 1936 J. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/29/36, 19, to 10/30/36, 19. I last saw her alive on 10/30/36, 19. Death is said to have occurred on the date stated above, at 11.40 a m.

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

Carcinoma of rectum metastatic to abdominal vessels

Other contributory causes of importance: None
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) Geo. J. Seibert M. D. (Address) City Hospital No. 1

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.

