

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.

JUL 8 - 1937

791

22071

1. PLACE OF DEATH

County..... Registration District No. **1003** File No.
Township..... Primary Registration District No. Registered No. **5823**
City St. Louis (No. 5234 Gate Brilliant) St. 5 Ward

2. FULL NAME

Henry C. Puthuff
(a) Residence, No. 5234 Gate Brilliant b. 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 Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1883

7. AGE YEARS 54 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

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

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

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) Ohio

13. NAME Henry Puthuff

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

15. MAIDEN NAME Mrs. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mrs. Brown

17. INFORMANT (ADDRESS) Edith McCreary
5234 Gate Brilliant

18. BURIAL CREMATION, OR REMOVAL PLACE Walnut Grove DATE 6-14-37

19. UNDERTAKER (ADDRESS) Chas. S. Stuart
1325 Union Blvd.

20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1937

22. I HEREBY CERTIFY That I attended deceased from 6/11/1937 to 6/12/1937

I last saw him alive on 6/12/1937. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Angina Pectoris Date of onset 6/11/37

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis three 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 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place.

Manner of injury
Nature of injury

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

(Signed) W. D. Goshorn M. D.
(Address) 5251 Walnut Bridge

JUN 14 1937

Dr. Joe B. Anderson
5251 Nat. Bridge
2-4 P.M.