

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 x 1931

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.

31 JAN 8 1940

State File No. _____

Registration District No. 784

Primary Registration District No. 300

Registrar's No. 2134

1. PLACE OF DEATH:
 (a) County St. Louis 2
 (b) City or town Bellefontaine
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Olive St. Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Bellefontaine
 (If outside city or town limits, write "RURAL")
 (d) Street No. Olive St. Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward W. Puellmann 455
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 5
 year 1939 hour 12 minute 15 a. m.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Bertha Puellmann
 (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased May 7, 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11
39, to Dec 5, 1939;
 that I last saw him alive on Dec 4, 1939;
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 6 Days 28
 If less than one day hr. _____ min. _____

Immediate cause of death Uremia
Carcinoma prostatic
 Duration _____

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

Due to Chronic Nephritis
Carcinoma prostatic
 Due to _____

10. Usual occupation Retired Truck Gardener

Other conditions 51
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business Own farm
 12. Name Frederick Puellmann 6
 13. Birthplace Germany 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Remestoff
 15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Susan C. Puellmann
 (b) Address Chateaufield, No. R #1
 17. (a) Burial (b) Date thereof Dec. 8/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Cem. Bellefontaine
 18. (a) Signature of funeral director Harry Schradel
 (b) Address Bathurst, Mo.
 19. (a) DEC 6 1939 (b) R. R. Meyer
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) (e) Means of injury _____
 23. signature Scott H. Embury (M.D. or other) _____
 Address 340 Beaudela Date signed 12-6-39

Dr. W. H. Burgess

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.