DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13571
Registrar's No. 3773

Registration District No. 791 | Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution October 3, 1868 (Specify whether
In this community ~~Life~~ 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis, 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME Robert Puls 420
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Puls
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 3, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	22	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation No Occupation
11. Industry or business X
FATHER
12. Name xCharles Puls 1
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophia Kasting 1
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature E. Molony
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetary
18. (a) Signature of funeral director Geo L Pleitsch Inc
(b) Address 5966 Easton Ave
19. (a) APR 26 1940 (Date received local registrar) (b) J F Baldwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25, year 1940. hour 7:55 minute a. M.
21. I hereby certify that I attended the deceased from June 29, 1939 to April 25, 1940 that I last saw him alive on April 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia (left lower)	
Due to Arteriosclerosis.	
Due to Coronary Occlusion (old.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above.	

PHYSICIAN — Underline the cause to which death should be charged statistically

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)
While at work? (e) Means of injury
23. Signature James P. Murphy, (M. D. or other)
Address 5800 Arsenal Street Date signed 4-26-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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