No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40696

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10467

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4210 Cook Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 30 yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4310 Cook Ave, 11
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. 61 yrs. years.

3. (a) PRINT FULL NAME Fannie Puckett.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female,

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Puckett,

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April (Month) 15th, (Day) 1879. (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	3	hr. min.

9. Birthplace Memphis, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business

FATHER
12. Name Westley Carter,
13. Birthplace Memphis, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Fannie Thomas,
15. Birthplace Memphis, (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant James Puckett.
(b) Address 4310 Cook Ave, St Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetry.

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812 Thomas St,

19. (a) DEC 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th year 1940. hour 11; minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 20th, 1939 to Dec 20th, 1940 that I last saw her alive on Dec 17th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 4 years (4 yrs)

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)
Address 2743 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address 2412, Thomas St

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

If this body is not embalmed, fact should be so stated above.