

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

51947

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 1442

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: CITY HOSPITAL U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARY E. PUTNAM

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN SNEELEY PUTNAM 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased MARCH 15 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace EAST ST LOUIS ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name RAY B. HENDRICH S

13. Birthplace CHICAGO ILL  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH TOBIER

15. Birthplace EAST ST. LOUIS ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Bunker

(b) Address East St Louis Ill

17. (a) REMOVAL (b) Date thereof FEB 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST ST LOUIS ILL

18. (a) Signature of funeral director Chas Bunker

(b) Address East St Louis Ill

19. (a) FEB 13 1941 (b) J. T. Breach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR 999  
(c) City or town EAST ST LOUIS ILL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4014 DONOVAN AVE 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 13  
year 1941 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of sigmoid flexure and spleen when the was struck by truck driven by one Edy Nevel, at the intersection of 44th Washington about 11:20 AM - 11:13 1941

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 70 210 Of autopsy 21

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) Accident

(b) Date of occurrence FEB 13 1941

(c) Where did injury occur? Public Place  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? no (Specify type of place) (e) Means of injury Cuts

23. Signature J. T. Breach (M. D. or other) 3

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

**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..... *Chas M. Burke*

Licensed Embalmer No. *2421*

P. O. Address *East St Louis 2*

**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, fact should be so stated above.**