

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18931

Registration District No. 780

Primary Registration District No. 101

Registrar's No. 1020

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Rufus Puckett  
3. (b) If veteran, name war none  
3. (c) Social Security No. 498-01-6858

4. Sex Male ( ) 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Opal Puckett  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased April 4 - 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business W.P.A. Project

MOTHER FATHER { 12. Name Calvin Puckett

13. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Puckett  
(b) Address 7438 Olive St. Road, U. City, Mo.

17. (a) Burial (b) Date thereof May 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cem. Co., Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Baltimore, Mo.

19. (a) MAY 13 1941 (b) D.P. Meyers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76  
(c) City or town Allementon  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway # 66  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1941 hour 7 minute 250 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death Refluxed gastric ulcer, acute pancreatitis Duration 3 weeks

Due to Carcinoma of stomach Cardiac decompensation 6 mtd

Due to impingement 5 days

Other conditions Atelectasis left lung 5 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 46

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

22. If death was due to external cause, 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 S. Kinman (M. D. or other) 0  
Address St. Louis, Mo. Date signed \_\_\_\_\_

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

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