

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

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME A. Opal Puckett
3. (b) If veteran, name war no 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 Joseph Puckett 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Dec. 11th 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Stewart
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Puckett
(b) Address 1920 Victor St.

17. (a) Burial (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director W. D. Hawker
(b) Address 4218 So. Kings Highway

19. (a) JUN 22 1941 (b) [Signature]
(Local health registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 Victor St. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21,
year 1941 hour 10:45 minute _____ A. M.
21. I hereby certify that I attended the deceased from June
17, 19 41 to June 21, 19 41
that I last saw her alive on June 21, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) NO

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Same plus generalized peritonitis & bilateral hydrocephalus.

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 0
23. Signature W. D. Hawker (M. D. or other) 6/23/41
Address 1515 Lafayette Ave. Date signed _____

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 *Richard A. Lehman*

Licensed Embalmer No. *3395*

P. O. Address.....

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.