S. No. 2
1—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 730
Registrar's No. 446

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME John Edward Puckett
3. (b) If veteran, name war no
3. (c) Social Security No. 498-12-1189
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hettie
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December (Month) 27 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	18	hr. min.

9. Birthplace Steelville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation merchant
11. Industry or business ---

FATHER
12. Name Douglas J. Puckett
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julie Brickey
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Hettie Puckett
(b) Address Steelville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mo (Month) (Day) 1/17/42 (Year)
(c) Place: burial or cremation Steelville Cemetery
18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar Blvd.
19. (a) (Date received) JAN 15 1942 J. F. Bredeck (Registrar's signature)
FEB 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1942 hour 7:10 minute A M.
21. I hereby certify that I attended the deceased from Jan. 12 1942 to Jan 15 1942 that I last saw him alive on Jan 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Perforation of bladder (urinary) — Duration

Due to Urethral stricture and acute urinary retention complicated by residue calculi

Other conditions Terminal filateral broncho-pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy

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 F R Bradley (M. D.)
Address BARNES HOSPITAL Date signed 1-16-42

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar St Jo 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.