

FILED MAY 3 1943

3857

Registration District No. 518

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2701a So. 7th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community 16 Years
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. 2701a So. 7th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL S. PUCKETT

3. (b) If veteran, name war No 3. (c) Social Security No. 491-18-9125

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan 31st 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 24 _____ hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business Steel Co.

12. Name Oscar Puckett

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

14. Maiden name Margaret Raymo

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

16. (a) Informant James Puckett

(b) Address 1103 So. 13th St.

17. (a) Burial (b) Date thereof Apr. 28th 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) APR 26 1943 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
 year 1943 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from 4/21 1943, to 4/25 1943
 that I last saw him alive on 4/20 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia Duration 5 days

Due to _____
 Due to _____

Other conditions Prostatic ailment 6 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Schindewolf (M. D. or other) MD
 Address 2000 29 E Date signed 4/26/43

J. Schindewolf

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..... *R.P. Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *9317 Lafayette*.....

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.