

ED AUG 23 1943 318

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 7316

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
524 Montmore!
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 524 Montmore
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ky PUTMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1943 hour 2 minute 15 P 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.

4. Sex MALE

5. Color 2 Col

6. (a) Single, widowed, married, divorced 24

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death: Chronic Myocarditis Duration _____

Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Miss!

10. Usual occupation Preacher & Farmer

11. Industry or business _____

12. Name Alford Putman

13. Birthplace _____ (City, town, or county) (State or foreign country) Miss!

14. Maiden name: Nancy ? (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country) Miss!

16. (a) Informant Lutillias

(b) Address 410 Montmore

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave

19. (a) AUG 11 1943 (Date received local registrar)

J. F. Braddock (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

Means of injury _____

23. Signature Alford Putman (M. D. or other)

Address Lebanon Date signed 8/11/43

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

MOTHER FATHER

Handwritten notes, possibly "No. 204" and "10/11/1918"

Handwritten notes, possibly "204" and "10/11/1918"

Handwritten notes, possibly "10/11/1918"

Handwritten notes, possibly "10/11/1918"

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.....

G. A. Green

Licensed Embalmer No. *2963*

P. O. Address: *2915 Franklin*

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.