. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35336

Primary Registration District No. 6076

Registrar's No. 2145.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8300 Garfield Avenue.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8300 Garfield Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Annie C. Putnam.

3. (b) If veteran, name war None

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 Alvin A. Putnam.

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 17, 1910.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	2	1	____ hr. ____ min.

9. Birthplace Mer Rouge, Louisiana!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business ____

FATHER
12. Name Albert B. Sisson.
13. Birthplace Bonita, Louisiana.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Etta Daniels.
15. Birthplace Mer Rouge, Louisiana!
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alvin A. Putnam.
(b) Address 8300 Garfield Avenue.

17. (a) Burial (b) Date thereof 10/21/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc
(b) Address 5966-68 Easton Avenue.

19. (a) OCT 21 1944 (b) E. T. McGavran M.D.
(Date received local registrar) (Registrar's signature) Cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th.
year 1944 hour 9 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1943, to Oct. 18, 1944
that I last saw her alive on Oct 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and transverse Colon

Due to ____

Due to 46 ¼

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

Duration

Major findings:
Of operations Carcinoma of liver and transverse colon. Operated 8/14/44

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 O. E. Williamson (M. D. ~~or other~~)

Address 6336 Clayton Road Date signed 10/20/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. E. Williamson.
6336 Clayton Road.
Hi. 5267

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 Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 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.