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M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

36310

State File No.

Registrar's No. 10227

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson

(c) City or town Spring Garden
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ambrose Harvey Puckett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Jane Puckett

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

7. Birth date of deceased November (Month) 12 (Day) 1880 (Year)

8. AGE: Years 64 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Spring Garden Twp. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm. Anderson Puckett
13. Birthplace Spring Garden Twp. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mary Malinda Gibson
15. Birthplace Elizabethtown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Wm. Anderson Puckett
(b) Address Spring Garden, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bonnie, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 30 1944 (Date received local registrar) E. J. Budeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1944 hour 2:45 minute 20 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h. alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to 9 yr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Fred Perry (M. D. or other)
Address Date signed 11-30-44

(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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.