

FILED MAY 27 1946  
318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 4279

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:  
1226<sup>a</sup> Hickory Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME Leona Estelle Puckett  
(b) If veteran, name war no  
(c) Social Security No. none

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced W /  
6. (b) Name of husband or wife Samuel  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 6 1900  
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 4  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Davis  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Puckett  
(b) Address 1226<sup>a</sup> Hickory Street  
17. (a) Burial (b) Date thereof 5-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A W McLaughlin  
(b) Address 2301 LaFayette Ave  
19. (a) MAY 12 1946 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22<sup>nd</sup>  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1226<sup>a</sup> Hickory St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10<sup>th</sup>  
year 1946 hour 1:45 minute P M.  
21. I hereby certify that I attended the deceased from Oct 15 1945 to May 11 1946  
that I last saw her alive on May 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of cerebri  
unstable weather  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) NO

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. Rhindorf (M. D. or other) MD  
Address 2000 1<sup>st</sup> St Date signed 5/14/46

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

17681

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**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.....

*C W Cooper*

Licensed Embalmer No.....

*3830*

P. O. Address.....

*2301 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.**