S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED #71504 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22582

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5758

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 15 years

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. 1801 Kennett Place
(If rural, give location)
(e) Citizen of ~~foreign~~ country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PEARL PUCKETT
3. (b) If veteran, name war nil
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife Donald
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 23, 1903 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	3	18	hr. min.

9. Birthplace Desloge, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation house-wife
11. Industry or business
FATHER 12. Name Ben Callahan
13. Birthplace ? (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Belle Eaves
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)
16. (a) Informant William Puckett
(b) Address 1801 Kennett Place
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cemetery Desloge, Missouri
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) JUN 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th year 1947 hour 7:50 minute A M.
21. I hereby certify that I attended the deceased from 5/19/47, 19..., to June 11th, 1947, that I last saw her alive on June 11th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 W. M. Fitzgerald (M. D.) 6/11/47
Address 1515 Lafayette Date signed

Jefferson City Printing Co. (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 R W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

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.