S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40083

Primary Registration District No. 1003

Registrar's No. 10760

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

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 Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1179 Hodiamont (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank G. Punch
3. (b) If veteran, name war no
3. (c) Social Security No. 718-07-7134
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Mobile (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Railroad Clerk
11. Industry or business G. M. & O. Ry.

MOTHER FATHER
12. Name John Punch
13. Birthplace Montgomery (City, town, or county) Alabama (State or foreign country)
14. Maiden name Louisiana Deveraux Taylor
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Lillian C. Punch
(b) Address 1179 Hodiamont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar Blvd., St. Louis, Mo.
19. (a) NOV 24 1947 (Date received by local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1947 hour 8 minute 40 A.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.

Duration

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
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 Thomas F. Callaman (M. D. or other)
Address Coroner Date signed 11-24-47

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.