

FILED MAR. 15 1948

Registration District No. 318

Primary Registration District No. 1003

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

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town La Plata 2
(If outside city or town limits, write "RURAL")

(d) Street No. W.R. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Allen Tuttle

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 5
year 1948 hour 3:05 minute P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Thelma Tuttle

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 23 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1944 to March 5, 1948;
that I last saw him alive on March 5, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59	11	12	hr. min.
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Immediate cause of death:
Osteomyelitis of Mandible
Carcinoma of Maxilla

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

Major findings:
Of operations As above

Of autopsy same down

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Farming

12. Name George Tuttle

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hodge

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

16. (a) Informant Thelma Tuttle

(b) Address South Gifford, Missouri

17. (a) Removal (b) Date thereof 3/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Gifford, Missouri

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? _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) _____ (b) J. F. Bredek
(Signature of local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Lewis H. Jorstad (M. D. or other) _____

Address 3120 W. 10th St. Date signed 3/6/48

2359

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 Elmo R. Godwell
Licensed Embalmer No. 4077

P. O. Address.....

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.