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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34584

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9226

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wood

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2919 Nebraska Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AGATHA PUTTHOFF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUIS PUTTHOFF

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased FEB 5 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 18 If less than one day hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOSOPH HOFFMANN
13. Birthplace ST LOUIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JOHANNA HUSAK
15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant LOUIS Putthoff
(b) Address 2912 NEBRASKA AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 26-48
(Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM-

18. (a) Signature of funeral director [illegible]
(b) Address 2906 [illegible]

19. (a) OCT 25 1948 (Date received local registrar) (b) J. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1948 hour 1:00 minute 9 M.

21. I hereby certify that I attended the deceased from 9/20, 1948, to 10/23, 1948;
that I last saw her alive on 10/23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mesenteric thrombosis to Jejunum	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same with Generalized peritonitis
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 Charles G. Obermeyer (M. D. or other) M.D.
Address 3103 Arsenal St. Date signed 10/25/48

(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.....Leo J. Budde.....

Licensed Embalmer No. 3989

P. O. Address.....St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.