

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28448

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7263

1. PLACE OF DEATH a. COUNTY --		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURY COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 5111 DEL MAR 17	
3. NAME OF DECEASED a. (First) Leonard b. (Middle) Danile c. (Last) Putney			4. DATE OF DEATH (Month) (Day) (Year) August 20, 1949
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 23 1874
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE OPERATOR	11. BIRTHPLACE (State or foreign country) MAINE 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Putney	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		at least 6 mo.
	ANTECEDENT CAUSES DUE TO (b) Arteriolar nephrosclerosis DUE TO (c) Generalized arteriosclerosis		years
II. OTHER SIGNIFICANT CONDITIONS Osteosclerosis, myelofibrosis, and myelophthisis anemia		3 1/2 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H-570

22. I hereby certify that I attended the deceased from August 19, 19 49, to August 20, 19 49, that I last saw the deceased alive on August 20, 19 49, and that death occurred at 4:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE F. R. Bradley (Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 8/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-23-1949	24c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS CEMETERY
24d. LOCATION (City, town, or county) (State) ST LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ketter 1906 Grandis
DATE REC'D BY LOCAL REG. AUG 21 1949	REGISTRAR'S SIGNATURE J. B. Sasser	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leo J. Buddle

Licensed Embalmer No. *3989*

P. O. Address *St. Louis Mo.*

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.