

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15375

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3064		Registrar's No. 1171		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural FERGUSON		c. LENGTH OF STAY (in this place) 4 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		4130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Memorial Home				d. STREET ADDRESS (If rural, give location) 7348 (Rear) Calvin				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) _____ c. (Last) DePuenta			4. DATE OF DEATH (Month) (Day) (Year) 5 5 50					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1881		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker			10b. KIND OF BUSINESS OR INDUSTRY Steel Mill		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Eurelia Brnadez		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Valencia ADDRESS 7348 Calvin				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia type undetermined ANTECEDENT CAUSES DUE TO (b) Cystitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (c) Cerebral thrombosis & left hemiplegia II. OTHER SIGNIFICANT CONDITIONS* Disrupted wound operative wound of sacrum Conditions contributing to the death but not related to the disease or condition causing death: _____					INTERVAL BETWEEN ONSET AND DEATH 2 mos 6 mos 6 mos 5 mos	
19a. DATE OF OPERATION unknown		19b. MAJOR FINDINGS OF OPERATION Pelvicoidal cyst (at County Hospital)					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332X 332X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X				
22. I hereby certify that I attended the deceased from Dec 30, 1949 to May 5, 1950 , that I last saw the deceased alive on May 2, 1950 , and that death occurred at 1 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Lewis Littmann M.D.				23b. ADDRESS 8231 Clayton Rd. (17)		23c. DATE SIGNED 5/6/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8-50		24c. NAME OF CEMETERY OR CREMATORY Montrey, Calif		24d. LOCATION (City, town, or county) (State) Montrey, Calif		
DATE REC'D BY LOCAL MAY 6 1950		REGISTRAR'S SIGNATURE Robert R. ...			25. FUNERAL DIRECTOR'S SIGNATURE ... Kelly ADDRESS 726 Natural Bridge,			

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

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.