

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18792**

No. 300
10-48

FILED JUN 7 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1408	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Overland		4002	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.				d. STREET ADDRESS (If rural, give location) 10434 Maddox Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle)		c. (Last) Puschner		4. DATE OF DEATH (Month) (Day) (Year) May 29 1952
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 8, 1892	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Jasper, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Sena		13b. MOTHER'S MAIDEN NAME Martha White		14. NAME OF HUSBAND OR WIFE Julius W. Puschner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Julius W. Puschner			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia; Rt. heart failure. ANTECEDENT CAUSES DUE TO (b) Bronchial Asthma; Pulmonary emphysema DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from May 18, 1952 , to May 29, 1952 that I last saw the deceased alive on May 29, 1952 , and that death occurred at 12:05 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert E. White, M.D. D				23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 5-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/31/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5-30-52		REGISTRAR'S SIGNATURE Nerbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Baumann		ADDRESS Brook 2504 Woodson Rd.	

(Sub-licensed Embalmer's Statement on Reverse Side)

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

Overland 141, 52

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.