

No. 3000  
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36757

State File No. ....

FILED NOV 13 1952

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Registrar's No. 9798

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3219 Michigan Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>16 3219 Michigan Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		a. (First)		b. (Middle)		c. (Last) <u>Puff</u>	
4. DATE OF DEATH <u>Oct. 23, 1952</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 27, 1893</u>	
9. AGE (In years last birthday) <u>59</u>		If UNDER 1 YEAR Months _____ Days _____		If UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Clement Weick</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Puff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Puff 3219 Michigan Ave,</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis due to stroke</u> DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				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) <u>suicide</u>		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? <u>334X</u>			
22. I hereby certify that I attended the deceased from <u>19 50</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct 23, 1952</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. H. Meyer MD</u> (Degree or title)				23b. ADDRESS <u>So. Side North 1st St</u>		23c. DATE SIGNED <u>10-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros. 2201 So. Grand Blvd.</u>			

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

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *V. E. Morris*

Licensed Embalmer No. 3360

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.