

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **39756**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2467		
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ferdinand c. LENGTH OF STAY (in this place) 2 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Swan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ferdinand MO 50 d. STREET ADDRESS (If rural, give location) 11755 Riverview Dr				
3. NAME OF DECEASED (Type or Print) Sister Mary Therita Puetz a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) October 21, 1954					
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH August 25, 1870		
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching		10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (City and State or Foreign Country) Springbrook, Iowa		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Adolph Puetz			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sister M. Beatrice ADDRESS 11755 Riverview				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES DUE TO (b) Cardiac Decompensation 1 1/2 yrs. DUE TO (c) Hypertensive C-V disease 2 yrs. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seriaty.						
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X				
22. I hereby certify that I attended the deceased from Oct 1952 to Oct 21, 1954 , that I last saw the deceased alive on 10-19, 1954 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE J. W. Weyrich			23b. ADDRESS (Degree or title) MD 9 8321 N Broadway			23c. DATE SIGNED 10-21-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23 1954		24c. NAME OF CEMETERY OR CREMATORY Villa Swan		24d. LOCATION (City, town, or county) (State) St. Louis Mo Riverview Dr.		
DATE REC'D BY LOCAL REG. 10/23/54		REGISTRAR'S SIGNATURE Robert K. ...		25. FUNERAL DIRECTOR'S SIGNATURE Amber ... ADDRESS 7420 Michigan				

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

W. L. Peterson

Licensed Embalmer No. *3767*

P. O. Address *7400 Michigan*

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.