

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10082

State File No.

BIRTH NO. 18950-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2614

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis 10, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles, Missouri (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>Birth - Death</u>		d. STREET ADDRESS (If rural, give location) <u>0.900, Kicksaw Drive, R.R. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL DEACONESS HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>(unnamed)</u>		b. (Middle) <u>Putrite</u>	c. (Last) <u>Putrite</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MARCH 22, 1955</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>1</u> Min. <u>22</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Norman John Putrite</u>		13b. MOTHER'S MAIDEN NAME <u>MARLENE Edith HEARRINS</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ann Schmidt R.A.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cataleptasia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity (6 1/2 mo. gestation)</u>		
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? <u>7625</u>	
22. I hereby certify that I attended the deceased from <u>3-22-</u> , 19 <u>55</u> , to <u>3-22-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-22-</u> , 19 <u>55</u> , and that death occurred at <u>1:49</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl Smith, Jr. M.D.</u>		23b. ADDRESS <u>8505 Urban Blvd. (24)</u>	23c. DATE SIGNED <u>3-22-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 23 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 23 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Colliers Funeral Home</u> ADDRESS <u>10123 St. Chas. Rd.</u>

(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 No Embalming
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 1012 38th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.