

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20618**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>546</b>		Registrar's No. <b>1403</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give town) <b>Overland</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>4 months</b>		c. CITY OR TOWN <b>Jennings</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Overland Restorium</b>				e. STREET ADDRESS (If rural, give location) <b>5623 Wilborn</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>MARY</b>		b. (Middle) <b>PUNTIGAN</b>		c. (Last)		(Month) (Day) (Year) <b>June 20th, 1955</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>January 25th 1867</b>	
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Johann Kaiser</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Puntigan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Finke, 6707 W Florissant,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crown occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						<b>1 day</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		<b>4201</b>	
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 <b>2-1-19<sup>55</sup></b> , to <b>6-20</b> , 19 <sup>55</sup> , that I last saw the deceased alive on <b>6-1-19<sup>55</sup></b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J W Nollens</b> (Degree or title)				23b. ADDRESS <b>Overland, Mo</b>		23c. DATE SIGNED <b>6-21-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/23/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/20/55</b>		REGISTRAR'S SIGNATURE <b>Kerbert R. Donker, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>			

WRITE PLAINLY—USING UNFADEING 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 ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J Wm Binkley* .....

Licensed Embalmer No. *365*.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.