

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38759

State File No. ....

FILED DEC 2 1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10253

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) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIAN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>24 2824 MISSOURI</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT R.</u> b. (Middle) <u>PUNDT</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 29 1897</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J.B. GURY MFG.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANTHONY PUNDT</u>	
13b. MOTHER'S MAIDEN NAME <u>BERTHA</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE E. PUNDT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no record) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>MARIE PUNDT</u>		ADDRESS <u>2824 MISSOURI</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration Pneumonia; Mycitis; Cirrhosis of Liver; Brain Injury</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>deceased when deceased was struck by steel bar of awning that collapsed striking deceased about 8:00 am., June 19, 1954</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition causing death. <u>He was employed by J.B. Gury Co.,</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 16 54 8:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>coll</u>		<u>E910.5</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick J. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>11-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 26 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New St. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>	
DATE REC'D BY LOCAL REG. <u>NOV 23 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutes</u>	
REGISTRAR'S SIGNATURE <u>Cash Smith MD</u>		ADDRESS <u>2906 Lewis</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Howe C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.