

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1959

59-030143

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 211

DED

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles	Length of stay in 1b 7 hrs	c. CITY OR TOWN Machens	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If outside, give location) Machens	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lena Middle Pujol Last Pujol	4. DATE OF DEATH Month Sept. Day 7 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/7/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HR Hours 15 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cottleville Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Phillip Rupp	13b. MOTHER'S MAIDEN NAME Katherine Vierling	14. NAME OF HUSBAND OR WIFE William Pujol
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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 Address Ray Pujol Chesterfield Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident (cerebral hemorrhage)		INTERVAL BETWEEN ONSET AND DEATH 15 hrs?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Cerebral arteriosclerosis & Hypertension	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3 p.m. Month, Day, Year	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St Charles Mo	COUNTY	STATE
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21. I attended the deceased from **Jan 1, 1946** to **September 7, 59** and last saw **her** alive on **9/7/59**
Death occurred at **3 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dennis E. Kistner M.D.	(Degree or title)	22b. ADDRESS St Charles Mo	22c. DATE SIGNED 9-8-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/9/59	23c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery	23d. LOCATION (City, town, or county) (State) Cottleville Mo
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24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo.	25. DATE RECD. BY LOCAL REG. SEPT 8-59	26. REGISTRAR'S SIGNATURE Marcella Wilson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles

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