

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-047363**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3677

AMENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b OR TOWN <u>1 Day</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Lemay</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>839 Regina ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**3. NAME OF DECEASED** (Type or print) First Frederick Middle Puster Last Puster 4. DATE OF DEATH Month 12 Day 22 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5-6-1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months    Days    IF UNDER 24 HR Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber-Retired 10b. KIND OF BUSINESS OR INDUSTRY Plumbing 11. BIRTHPLACE (City and state or country) Deerplain, Illinois 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Fred Puster 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Amada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. Allen Yochum 839 Regina ave.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Pyelonephritis, chronic Bilateral</u>	DUE TO (b) <u>Arteriosclerosis, General</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (c) <u>  </u>		

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   

20c. TIME OF INJURY Hour    Month, Day, Year    a.m.    p.m.   

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)    20f. CITY, TOWN, OR LOCATION    COUNTY    STATE   

21. I attended the deceased from 12-21-1961 to 12-22-1961 and last saw her him alive on 12-22-1961. Death occurred at 740 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cartha W. White M.D. (Degree or title) 22b. ADDRESS 601 So. Brentwood Blvd. 22c. DATE SIGNED 12-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-26-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 23d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd. Lemay, Mo.

24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 7814 S. Broadway 25. DATE RECD. BY LOCAL REG. 12-26-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Lewis C. Hoffmeyer

Licensed Embalmer No. 35871

P. O. Address 7814 S B

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.