

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025561

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1956

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 9 1962

VS 300
Rev. 4/59

1 4008
2 4008
3 2
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12 90-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		c. CITY OR TOWN Jennings	
Length of stay in lb YRS.		Inside Limits (If outside, give location) 5350 Hodiamont Ave.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5350 Hodiamont Ave.		d. STREET ADDRESS (If outside, give location) 5350 Hodiamont Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Emilie ; Puls		4. DATE OF DEATH Month Day Year June 30, 1962.	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-85
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Isadore Schallert	
13b. MOTHER'S MAIDEN NAME Mathilda Stohlman		14. NAME OF HUSBAND OR WIFE Walter F. Puls	
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 Walter O. Puls, 4718 Hatz Ave.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY INFARCT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDITIS DUE TO (c) ARTERIO-SCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH 30 min 4 yr unknown
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	
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 COUNTY STATE	
21. I attended the deceased from JUNE 7-62 to JUNE 30-62 and last saw him alive on 6-30-62 Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. G. Farland (Degree or title)		22b. ADDRESS 570 NATURAL BRIDGE ST. LOUIS MO	
22c. DATE SIGNED 6-30-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-3-62	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. 7-3-62	
ADDRESS		26. REGISTRAR'S SIGNATURE John M. ...	

Dr. E. E. Farley
7520 Natural Bridge
2nd floor.

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.