

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040630

STATE FILE NUMBER

318

1003

10365

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri St. Louis

c. CITY OR TOWN

Marvland Heights

Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Lutheran Hospital

Inside Limits

Yes No

d. STREET ADDRESS (If outside, give location)

11052 Saturn Drive

Reside on Farm

Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CARROLL C PURAS

4. DATE OF DEATH

Month

Day

Year

October 27 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

9/17/1926

9. AGE (last birthday)

36 years

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)

Painter

10b. KIND OF BUSINESS OR INDUSTRY

Painting Contractor

11. BIRTHPLACE (City and state or country)

New Hampshire

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alexander A. Puras

13b. MOTHER'S MAIDEN NAME

Mary A. Gadbois

14. NAME OF HUSBAND OR WIFE

Celeste Olsen Puras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.2 Navy

16. SOCIAL SECURITY NO.

17. INFORMANT

Maryland Heights, Missouri.

Mrs. Celeste Puras, 11052 Saturn Drive

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.1

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

Month, Day, Year

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 7-8-61 to 10-27-62 and last saw him alive on 10-27-62. Death occurred at 10:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank A. Bailey M.D.

22b. ADDRESS

3654 South Grand

22c. DATE SIGNED

10-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-31-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ FUNERAL HOME, 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 29 1962

26. REGISTRAR'S SIGNATURE

Loed Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Frank Bailey,
3654 S. Grand Blvd.
Pr. 6-1073

HOURS: Mon. & Tues.
12:30 to 5:30 PM

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St Louis Mo

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.