

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

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33643
8601
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 17 days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Lula Feugh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John C. Feugh, Jr. 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased. March 2nd. 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>24</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wiley Johnson
 13. Birthplace St. Chas. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Frazer Unavailable
 15. Birthplace St. Chas. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Feugh Jr.
 (b) Address 4357 Kennerly Ave.

17. (a) Burial (b) Date thereof 10-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Bates
 (b) Address 4107 Finney Ave. St. Louis

19. (a) OCT 29 1941 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 1911
(If outside city or town limits, write "RURAL")
 (d) Street No. 4357 Kennerly 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26, 1941
 year _____ hour 8 minute 30 P. M.
 21. I hereby certify that I attended the deceased from October 9, 1941
 to October 26, 1941
 that I last saw her alive on October 26, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Prob. 8 yrs.
 Duration

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature Scott R. Barrett (M. D. or other) _____
 Address 2601 Madison Date signed 10-28-41

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.....

.....James A. Johnson.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 3322.....

P. O. Address. 4107 Finney Ave......

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 this body is not embalmed, fact should be so stated above.