S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37262

DEC 22 1941

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9492

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5140 Ridge Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5140 Ridge Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis D. Pugh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 19 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
84	11	9	hr. min.

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

10. Usual occupation Conductor

11. Industry or business Public Service Company

FATHER
12. Name James Jarvis Pugh
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jarvis
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Helen Henry

(b) Address 5140 Ridge Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) NOV 30 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1941 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from October 2 2nd 19 41, to Nov 28th 19 41, that I last saw him alive on Nov 28th 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	12 hours
Due to arterio-sclerosis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterio-Sclerotic Gangrene foot	1 year

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Gallagher (M. D. or other) MD

Address 3903 Olive Date signed 11/29/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Winnin, Blvd

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.