

S. No. 2
M-2-43
5-17-39
1 X3

W. Colman 26152

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1609

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

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1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Pugh

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Oct 18 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 24 hr. min.

9. Birthplace Robertson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired-farmer

11. Industry or business self

12. Name John Pugh

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bluet

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Pugh

(b) Address Robertson, Mo. Gen Del

17. (a) Burial (b) Date thereof 7-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Dorman Bros.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) JUL 15 1943 (b) E. G. McDevine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 19 minute 20 AM

21. I hereby certify that I attended the deceased from July 12 1943, to July 12 1943; that I last saw him alive on July 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis Duration 5 yrs.

Due to senility 137a

Due to _____

Other conditions chronic Prostatitis 5 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. J. Colman, M.D. (M. D. or other)
Address Pattonville, Mo. Date signed July 13, 43.

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 *W. G. Peterson*.....

Licensed Embalmer No. *#3707*.....

P. O. Address *Overland 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 this body is not embalmed, fact should be so stated above.