No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33097

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9027

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-20
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4344 Easton Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dampsey Tuggle
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col.
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~, ~~Unk.~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) Sept 27 (Day) 1903 (Year)

8. AGE: Years 44 Months 11 Days 26 If less than one day hr. min

9. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director English Und Co
(b) Address 2931 Lucas ave
19. (a) SEP 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 18, 1947 to Sept. 21, 1947 that I last saw him alive on Sept. 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular Disease	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 0

23. Signature Oscar L Daniel (M. D. or other)
Address 2601 N Whittier Date signed 9/2/47

Jefferson City Printing Co. (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. Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.