

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

3000  
-47  
-39  
3906

FILED JAN 18 1949

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
1215 S. Jefferson Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1215 S. Jefferson Ave.  
22 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfonso W. Diuguid

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 14 1906  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lynchburg Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business \_\_\_\_\_

12. Name L. W. Diuguid

13. Birthplace Buchanan Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Bettie A. McCoy

15. Birthplace Appomatox Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant William S. Diuguid

(b) Address 1215 S. Jefferson Ave.

17. (a) Removal (b) Date thereof 1-4-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynchburg Va.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stodder St.

19. (a) JAN 3 1949 (b) J. B. Foster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
year 1948 hour 10:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Coronary Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

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

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/3/49

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 Carter*

Registered Apprentice No. *290*

working under my personal supervision.

Signed *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13 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.