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FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15443
Registrar's No. 1008

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS, MO.</u>	c. LENGTH OF STAY (in this place) <u>39 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>1121a Magnolia</u>
3. NAME OF DECEASED a. (First) <u>SOL</u> (Type or Print)		b. (Middle) <u>(NMI)</u>	c. (Last) <u>PUGH</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married ()</u>
8. DATE OF BIRTH <u>10-22-92</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS <u>5</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>	
11. BIRTHPLACE (State or foreign country) <u>Deepwater, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Austin Pugh</u>		13b. MOTHER'S MAIDEN NAME <u>Janet McGrorie</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>488-10-2640</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE - PULMONARY THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LAENNEC'S CIRRHOSIS</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>420, 0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 9, 1950</u> , to <u>April 17, 1950</u> and that death occurred at <u>1:13 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.E. Sturvell</u> CHIEF, PROFESSIONAL SVC.		23b. ADDRESS <u>V.A. HOSPITAL, JEFF. BRKS, MO.</u>	23c. DATE SIGNED <u>4-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>4-18-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Double</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ALEXANDER & SONS FUN HOME ST. LOUIS, MO.</u> ADDRESS <u>6175 Delmar</u>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

R. O. Address 356175 Delm

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.