

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24752
6481

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (If in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119
d. STREET ADDRESS (If rural, give location) 4431a N. Market Street

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) C. c. (Last) Feugh
4. DATE OF DEATH (Month) (Day) (Year) 7 25 1950

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2/23/1887 9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John C. Feugh 13b. MOTHER'S MAIDEN NAME Harriett 14. NAME OF HUSBAND OR WIFE Garrie Feugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. 499-01-1115 17. INFORMANT'S SIGNATURE OR NAME Carrie Feugh ADDRESS 4431a N. Market

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. None
INTERVAL BETWEEN ONSET AND DEATH Undet.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 162X

22. I hereby certify that I attended the deceased from 5-25, 1950, to 7-25, 1950, that I last saw the deceased alive on 7-25, 1950, and that death occurred at 11:25a m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Alvin Thompson M.D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 7-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/29/50 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. AUG 29 1950 REGISTRAR'S SIGNATURE J B Sarcator 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.

(Licensed Embalmers' Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John H. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.