

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14614

State File No.

FILED MAY 12 1951

1003

Registrar's No. 4054

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 14614	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 4 mos. & 26 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY HOSPITAL				26 STREET ADDRESS (If rural, give location) 1417 Madison St.			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First)		b. (Middle)		c. (Last) FUGH	
4. DATE OF DEATH Apr. 30 1951		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 28- 1883	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Howard Young		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Melvin. Fugh.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or date of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Melvin Fugh ADDRESS 1417. Madison. St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of right face		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				2 1/2 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 191X			
22. I hereby certify that I attended the deceased from Dec. 7, 1950 , to April 30, 1951 , that I last saw the deceased alive on Apr. 30, 1951 , and that death occurred at 12:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE Levy M. Jenks, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 4/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1st, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 30 1951		REGISTRAR'S SIGNATURE J. B. Kusner		25. FUNERAL DIRECTOR'S SIGNATURE LEIDNER UNDERTAKING CO. ADDRESS _____			

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.....
Student Embalmer

Signed.....

John P. Buchholz
1674

Licensed Embalmer No.....

P. O. Address *2223 Soharis 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.