

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6813

State File No.

No. 300

10-48

FILED MAR 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>328</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>SHREWSBURY Mo</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>SHREWSBURY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5010 DE VILLE</u>				e. STREET ADDRESS (If rural, give location) <u>5010 DE VILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) _____ c. (Last) <u>POGUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 7 1907</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH HUSVARI</u>		13b. MOTHER'S MAIDEN NAME <u>MARYANNA MALLINGER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN A. POGUE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN A. POGUE</u> ADDRESS <u>SHREWSBURY 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</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) _____					INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 19, 1955</u> to <u>Jan 7, 1955</u> , that I last saw the deceased alive on <u>Jan 7, 1955</u> , and that death occurred at <u>5A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Victor K. Kager M.D.</u> (Degree or title)				23b. ADDRESS <u>4912 Hanlyton</u>		23c. DATE SIGNED <u>2/7/55</u>	
24a. BURIAL, CREMATION, OR DISPOSAL _____		24b. DATE <u>FEB. 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-8-55</u>		REGISTRAR'S SIGNATURE <u>Nerbert R. Dombke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Leavis</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

G. W.

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

4934
PA 2-20-97
2-8 Monday

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
Signature of Student Embalmer

Signed *James C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.