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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14795

State File No. 14795

4000

FILED MAY 8 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4000

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>MISSOURI BAPTIST HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>24 3504 ILLINOIS AVE</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <i>HAZEL</i>		b. (Middle) <i>ILENE</i>	
		c. (Last) <i>PUGH</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>APRIL 21 1956</i>	
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	
8. DATE OF BIRTH <i>SEPT 13-1897</i>		9. AGE (In years last birthday) <i>58</i>		IF UNDER 1 YEAR Days Hours Mins. IF UNDER 2 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>ILLINOIS</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>		13a. FATHER'S NAME <i>GEORGE H GEORGE</i>		13b. MOTHER'S MAIDEN NAME <i>MATTIE PROSISE</i>	
		14. NAME OF HUSBAND/OR WIFE <i>DARRELL PUGH</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>DARRELL PUGH</i>	
		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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolus</i> ANTECEDENT CAUSES DUE TO (b) <i>Metastatic Sarcoma</i> DUE TO (c) <i>Liver + pelvis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1991</i>	
19a. DATE OF OPERATION <i>4-18-56</i>		19b. MAJOR FINDINGS OF OPERATION <i>Metastatic sarcoma, liver pelvis</i>		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?	
22. I hereby certify that I attended the deceased from <i>June 1955</i> to <i>Apr. 4 56</i> , that I last saw the deceased alive on <i>Apr 4 56</i> and that death occurred at <i>8:45 P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph B. Canby MD</i>		(Degree or title)		23b. ADDRESS <i>906 Olive</i>	
23c. DATE SIGNED <i>4-23-56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>APRIL 25-1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK CEM. ST. LOUIS</i>		24d. LOCATION (City, town, or county) (State) <i>MO</i>		24e. DATE REC'D BY LOCAL REG. <i>APR 23 1956</i>	
24f. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		24g. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Xutis</i>		24h. ADDRESS <i>2906 Grannis</i>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Samuel C. Hill*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906 D*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.