Health, Welfare Public Service

300 1-56

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19703

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1149

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST JOHN — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8753 NORTH — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN ST JOHN 4211 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 8753 NORTH — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First JAMES Middle GILBERT Last PUGH

4. DATE OF DEATH Month MAY Day 2 Year 1957

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT 14 1898
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TILE SETTER
10b. KIND OF BUSINESS OR INDUSTRY St. Lo. Co. Tile Co.
11. BIRTHPLACE (City and state or country) FRIENDSVILLE ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME CHARLES PUGH
14. MOTHER'S MAIDEN NAME NELLIE CANTWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 490-22-7926
17. INFORMANT HENRIETTA PUGH Address 8753 NORTH

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1957 to May 2, 1957 and last saw ~~her~~ him alive on 5-2-57
Death occurred at 5.01 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A F Lemer MD
22b. ADDRESS 1259 N. Kingshighway
22c. DATE SIGNED 5-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-4-57
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR ADDRESS EARL HILLEMAN 9709 LACKLAND
25. DATE RECD. BY LOCAL REG. 5-3-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Earl H. Hillerman.....

Licensed Embalmer No. 350

P. O. Address Overland

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