

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-008229

FILED VS. MAR 14 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 2154** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>Shrewsbury</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7719 Kenridge Lane</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HERSCHEL</b> Middle <b>H.</b> Last <b>FUQUA</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>22</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-30-1909</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver-East Texas Motor Frt. Lines</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Illinois</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Earl Fuqua</b>			13b. MOTHER'S MAIDEN NAME <b>Myrtle Layton</b>		14. NAME OF HUSBAND OR WIFE <b>Jeanette Fuqua</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 2</b>		16. SOCIAL SECURITY NO. <b>332-01-8070</b>	17. INFORMANT Address <b>Jeanette Fuqua 7719 Kenridge Lane</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Bronchopneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Following sacroctary for bleed. suddenly</b>						<b>12-19-60</b>	
DUE TO (c) <b>541.0</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>asthma and emphysema of lungs.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> - HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>2-18-60</b> to <b>2-22-60</b> and last saw her alive on <b>2-22-60</b> Death occurred at <b>2:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Arthur K. Trushel M.D.</b>				22b. ADDRESS <b>7580 Danvers Ave</b>		22c. DATE SIGNED <b>2-23-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>		23b. DATE <b>Feb. 25, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tuscola Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Tuscola, Ill.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Kriegshauser 4228 S.Kingshighway</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 24 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loal Smith, M.D.</b> <i>721 y.e.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 453

P. O. Address \_\_\_\_\_

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