

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35531

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Suburban Registration District No. **14093** File No. _____
City **St. Louis** (No. **St. Johns Hospital**) Registered No. **9118**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) **5140 Ridge** (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1853		
7. AGE	YEARS	MONTHS
	82	10
		DAYS
		1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housework		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
At Home		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
		St. Louis Mo.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
St. Louis Mo.		
13. NAME		
James J. Pugh		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
Ireland		
15. MAIDEN NAME		
Elizabeth English		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
Ireland		
17. INFORMANT (ADDRESS)		
Helene Henry 5140 Ridge		
18. BURIAL, CREMATION OR REMOVAL PLACE DATE		
Cabarrus Sep. 4 1936		
19. UNDERTAKER (ADDRESS)		
Chas. H. Stuart 1225 Union Blvd.		
20. FILE		
SEP 2 1936 J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 1935** to **Sept 2, 1936**
I last saw her alive on **Sept 1, 1936**. Death is said to have occurred on the date stated above, at **12:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis	Date of onset
Chronic Hypertension	

Other contributory causes of importance:

Chronic Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) **C. H. Bowden**, M. D.
(Address) **6337 Wagoner**

