

REC'D MAR 14 1938

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

4855
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
(a) County Registration District No.
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2601** N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **33** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sarah Puggsley** 240
(a) Residence, No. **3691 Finney** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. MARRIED WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Puggsley				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About June 6, 1866				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About	71	8	2	Unk.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) January, 1938			
FATHER	11. Total time (years) spent in this occupation Unk.			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee			
MOTHER	13. NAME Ambrose Bass			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina			
15. MAIDEN NAME Diana McGarok				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Virginia				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	Feb. 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938 , to Feb. 8, 1938	
I last saw her alive on Feb. 8, 1938	Death is said to have occurred on the date stated above, at 4:40 p. m.
The principal cause of death and related causes of importance were as follows: Myosarcoma Primary seat in Uterus	
Other contributory causes of importance:	18
Name of operation	clinical Date of 1/11/38
What test confirmed diagnosis?	clinical Was there an autopsy? yes

17. INFORMANT (ADDRESS) **Evelyn W. ... 2601 N Whittier**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb. 4, 1938**
19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Sales 4107 Finney Avenue**
20. FILED **FEB 11 1938** **J. T. Bredeck** Local Registrar.
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 or injury in any way related to occupation of deceased?
If so, specify **Embolism**
(Signed) **Homer G. Phillips** M. D.
(Address) **Homer G. Phillips**

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.

STATEMENT BY LICENSED EMBALMER

James A. Johnson

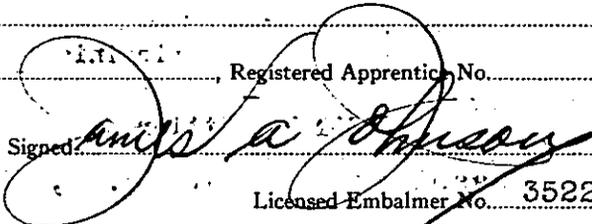
Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Self

No. _____ of by _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3522

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.)