. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 19124

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5462

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights 17 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1290 Boland Plc.
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~George~~ Richard David Pougher

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-09-2818

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Fischer Pougher

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 24, 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Victoria, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Society Brand Hat Co.

FATHER
12. Name John Pougher
13. Birthplace Sheffield, England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Coates
15. Birthplace Sheffield England (City, town, or county) (State or foreign country)

16. (a) Informant Elsie F. Pougher
(b) Address 1290 Boland Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) (Date received by registrar) JUN 23 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1945 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 6/4/45, 19__, to 6/21/45, 19__; that I last saw him alive on 6/20/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cholecystitis, Cholelithiasis, Acute Pancreatitis, Carcinoma? Site not determined

Due to

Due to

55

Other conditions
(Include pregnancy within 3 months of death)

Duration 28 days

Major findings:
Of operations 6/20/45

Of autopsy confirmed diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 812 Olive Street Date signed 6/22/45

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....1994.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.

BC.

... taken from St.Louis Post Dispatch paper shows the name as Richard D. Pougher

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St.Louis }

State File No. 1912 4/45

AFFIDAVIT FOR CORRECTION OF A RECORD.

Local Registrar's No. 5462

On this 11 day of February, 1953, before me appears Mrs. Elsie F. Pougher, who, upon her oath, states that the original record of ~~xxxxx~~ death for Richard David Pougher died ~~xxxx~~ June 21-, 1945, in the State of Missouri, and which was filed at St.Louis, Mo. on June 23, 1945, should be corrected as follows:

Item No. 3 should read Richard David Pougher
Instead of George David Pougher

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

~~Affiant~~ Mrs Elsie Pougher Informant
Relationship.

1290 Boland Place, Richmond Heights, Mo.
Present Address.

Subscribed and sworn to before me this 11th day of Feb. 6th, 1953

My Commission expires 3-4-53 Ella C Paddock Notary Public.