

FILED NOV 19 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9577

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Banner Phillips 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 4 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 017
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 22
(d) Street No. 1717 Stratford St (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George Fugua

3. (b) If veteran,

name war #1 World War

3. (c) Social Security

No. 488-09-6260

4. Sex male 2 / 5. Color or race col
6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife Margrett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 16 hr. min.

9. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business 1st National Bank

12. Name Lark Fugua

13. Birthplace unk Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Betty Hillman

15. Birthplace unk Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Mitchell

(b) Address 4623 Vernon Ave

17. (a) Burial (b) Date thereof 11-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Parsonade

18. (a) Signature of funeral director J. H. Randle P. Son

(b) Address 3133 Olive Ave

19. (a) NOV 5 1945 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1945 hour 11:05 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Hypertrophic Stenosis of
Aortic Valve
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Thomas P. Cellar (M. D. or other) 3
Address Coron Date signed 11-1-45

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

MOTHER FATHER

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. *2698*

P. O. Address. *2769 Chouteau*

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.