

No. 300
M-10-47
5-17-39
VI 3905

#82188
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

6501
State File No. 1773
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 5 days
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1912 LaSalle Street 9
Memorial 22 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LUDIE ELIZABETH PUGH
(b) If veteran, name war NIL
(c) Social Security No. None

4. Sex F race W
5. Color or 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Charley (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 10, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 9
If less than one day hr. min.

9. Birthplace Reeves, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Cornelius Jackson
13. Birthplace Tennessee
14. Maiden name Betty Freeman
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Johnston
(b) Address 1912 LaSalle Street

17. (a) burial (b) Date thereof 2-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 20 1948 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 19th
year 1948 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from 2/13/48
19. to Feb. 19th 19 48
that I last saw him or alive on Feb. 19th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Disease
Duration

Due to Hypertensive Cerebrovas. Disease
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature John W. [unclear] 1515 Lafayette
Address Date signed 2/19/48

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..... *W Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *2301 Lafayette Ave*

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.