

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39244
Registrar's No. 2921

4002

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood	
c. LENGTH OF STAY in this place 6 WKS		4544	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 2717a Sutton Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) PUSEY c. (Last) PUSEY			4. DATE OF DEATH (Month) (Day) (Year) 12-2-1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH 10-19-1887
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Railroad		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Pusey		13b. MOTHER'S MAIDEN NAME Molly Eversole	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mabel E. Price, 35 York Dr., Brentwood, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma of the Uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to right pelvic wall, right ureter and uterus adherent to the larynx due to DUE TO (c) Primary Adenocarcinoma of Uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Anemia, Agotemia and Peritonitis 174X INTERVAL BETWEEN ONSET AND DEATH unknown 174X	
19a. DATE OF OPERATION 11-21-50	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Uterus involving adnexa and terminal ileum.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-17-1950, to 12-2-1950, that I last saw the deceased alive on 10-2-1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John G. Bluggan Jr., M.D.		23b. ADDRESS 601 S. Brentwood - Clayton 5, Mo.	
23c. DATE SIGNED 12-4-50		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12-4-1950	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. 12/4/50	REGISTRAR'S SIGNATURE Herbert R. Tomke	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

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

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.

Not embalmed

[Signature]