

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9735

BIRTH NO. 17388-51 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 58

923
0

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Aero Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>PUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 21 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Mar. 31-1951</u>		9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Albert J. Pugh</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Mae Johnson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larry A. Pugh</u> ADDRESS <u>Robertson Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 3/31, 1951, to 4/11, 1951, that I last saw the deceased alive on 4/11, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack S. Miller M.D.</u>		23b. ADDRESS <u>207 N. Fifth, St. Charles, Mo.</u>		23c. DATE SIGNED <u>4/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem. Robertson, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Blumenshine Bros. Overland, Mo.</u>		24f. ADDRESS	
DATE REC'D BY LOCAL REG. <u>4/2/51</u>		REGISTRAR'S SIGNATURE <u>Franice Kuntz</u>		24g. ADDRESS	

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 9 1951

RECEIVED

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David P. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 14, 7

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.