

FILED JUL 5- 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 21084

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 123
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Florissant Rural 4000</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosnital</b>		d. STREET ADDRESS (If rural, give location) <b>R#3 Box 768</b>		
3. NAME OF DECEASED (Type or Print) <b>Catherine</b>		a. (First)	b. (Middle) <b>Pugh</b>	c. (Last)
5. SEX <b>Female</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH <b>June 23, 1951</b>
6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>April 9, 1884</b>		9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Florissant, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Nagel</b>		
13b. MOTHER'S MAIDEN NAME <b>Mary Harvester</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas Pugh</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Pugh Florissant, Mo. R#3 Box 768</b>
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) <b>Carcinoma of Cecum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Diabetes Mellitus</b>		<b>Undet.</b>
DUE TO (c) <b>Generalized arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Undet.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 <b>10-19, 1948</b> , to <b>6-23, 1951</b> , that I last saw the deceased alive on <b>6-23, 1951</b> , and that death occurred at <b>7:30 Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Wm. J. J. J.</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>St. Charles, Mo.</b>
23c. DATE SIGNED <b>6-25-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		
24b. DATE <b>6-26-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bridgeton, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-25-51</b>		REGISTRAR'S SIGNATURE <b>Fannie Brunton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Baummann Bros</b>
				ADDRESS <b>2504 Woodman Rd - Overland - 14 - Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUL - 2 1951  
DISTRICT HEALTH OFFICE No. 4  
File No. \_\_\_\_\_

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

working under my personal supervision.

Student Embalmer No. ....

Signed David C. Johnson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Carland, W.

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.