

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26237

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6242**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) Life		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4673 Elmbank Ave.		d. STREET ADDRESS (If rural, give location) 10 4673 Elmbank Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) M. c. (Last) Pugh			4. DATE OF DEATH (Month) (Day) (Year) 6/28/52		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 12/4/86			9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Libertyville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Richard Jones		13b. MOTHER'S MAIDEN NAME Henrietta Anthony		14. NAME OF HUSBAND OR WIFE Lewis Pugh	
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 ADDRESS Anna Abernathy, 4672 Elmbank Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation					1 Day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS: Carcinoma of Cecum			6 Mos.

19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION None		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? 153X	

22. I hereby certify that I attended the deceased from **May 28, 1952** to **June 28, 1952** that I last saw the deceased alive on **June 28, 1952**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. E. Hale M.D. (Degree or title)		23b. ADDRESS 822a N. Jefferson		23c. DATE SIGNED 6/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/3/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gatas		ADDRESS 4107 Finney Avenue	

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

STATEMENT BY LICENSED EMBALMER

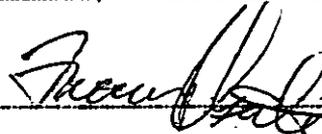
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.