

FILED OCT 26 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35853

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8709**

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. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 906 Mound St.				e. STREET ADDRESS (If rural, give location) 26 906 Mound St.					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle)		c. (Last) PUGH		4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1954		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 14, 1879		9. AGE (In years last birthday) 75 If UNDER 1 YEAR: Months 7 Days 5 If UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Merchandise		11. BIRTHPLACE (City and State or Foreign Country) Greenville, Alabama		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Dan Pugh			13b. MOTHER'S MAIDEN NAME Mary ?			14. NAME OF HUSBAND OR WIFE Mary 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. 498-10-7558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Pugh 908 Mound St.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia						9-18-54	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (b) stating the underlying cause last. DUE TO (b) Glomerular Nephritis						8-16-54	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Prostration						Aug 54	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 593XF					
22. I hereby certify that I attended the deceased from 8-29, 1954 , to 9-19, 1954 , that I last saw the deceased alive on 9-18, 1954 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. C. Sheppard, M.D.				23b. ADDRESS 2702a Franklin				23c. DATE SIGNED 9-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-24-54		24c. NAME OF CEMETERY OR CREMATORY Oak Dale		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. SEP 24 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. RANDLE & SON 3133 Bell Ave.				

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *S J Stator*

Licensed Embalmer No. *2640*

P. O. Address *2769*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.