

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023633

STATE FILE NUMBER

6206

FILED JUN 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300

v. 1-57

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST LOUIS CITY HOSP #1		d. STREET ADDRESS (If outside, give location) 1216 Kraft Ave.	
3. NAME OF DECEASED (Type or print) First THOMAS Middle Last POUGHER		4. DATE OF DEATH Month 6 Day 16 Year 58	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1885 Sept. 24, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Davis Lewis Co.	11. BIRTHPLACE (City and state) Victoria, DeSoto, Missouri
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Viola W. Pougher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 491-10-6427	17. INFORMANT Viola W. Pougher Address 1216 Kraft Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			INTERVAL BETWEEN ONSET AND DEATH 8 DAYS UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 6/8/58 to 6/16/58 and last saw her alive on 6/16/58 Death occurred at 8:00 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Daniel I. Mullally M.D.		22b. ADDRESS 1515 LAFAYETTE	22c. DATE SIGNED 6/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-20-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Kriegshausner ADDRESS 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. JUN 18 '58	26. REGULAR'S SIGNATURE Reilly Smith MD mrb

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 *Richard W. Stoves*

Licensed Embalmer No. *4007*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11A Va. Code
821-1-1
11/15/28