

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024031

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1529

5. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Dewitt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Clinton 81208	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp		d. STREET ADDRESS 606 S. Quincey	
Length of stay in 1b 4 mos		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FREDONNA PAULINE TUGGLE			4. DATE OF DEATH Month Day Year June 5, 1958			
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5. SEX Female /	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 Sept. 4, 1915	9. AGE (In years last birthday) 42	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician (Self)	10b. KIND OF BUSINESS OR INDUSTRY Beauty Operator	11. BIRTHPLACE (City and state or country) Dewitt Co., Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Emery Walker	13b. MOTHER'S MAIDEN NAME Lucy Ann Long Walker	14. NAME OF HUSBAND OR WIFE Loren Tuggle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give years or dates of service) No None	16. SOCIAL SECURITY NO. 348-28-7906	17. INFORMANT Address Lucy Ann Walker-Clinton, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningioma IV. Venule (probop.)		INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 223X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal hemorrhage (Shen ulcer?)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 2-3-58 to 6-6-58 and last saw ^{her} him alive on 6-6-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Jacques G. Schneider, M.D.	22b. ADDRESS 6944 Chipewa (9)	22c. DATE SIGNED 6-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-8-1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	23d. LOCATION (City, town, or county) (State) Clinton, Ill.
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24. FUNERAL DIRECTOR ADDRESS Herington F. H. Clinton, Ill.	25. DATE RECD. BY LOCAL REG. 6-8-58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ben E. Hoffman*
Licensed Embalmer No. *4316*
P. O. Address *Hondo Co.*

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.