

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035122
STATE FILE NUMBER

FILED SEP 22 1958		Registration District No. 317	Primary Registration District No. 500	Registrar's No. 2221
1. PLACE OF DEATH a. COUNTY St. Louis		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 Normandy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles 1st Nursing		Length of stay in lb 6 wks	d. STREET ADDRESS (If outside, give location) 4961 Laclede	
3. NAME OF DECEASED (Type or print) First OTTO Middle EDSALL Last RUGG			4. DATE OF DEATH Month Aug Day 24 Year 1958	
5. SEX male	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 Jan 10, 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years from birthday) 84	
11a. FATHER'S NAME Julius K. Rugg		11b. MOTHER'S MAIDEN NAME Sally McCready		11c. NAME OF HUSBAND OR WIFE Emma Wickenden Rugg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-10-7512		17. INFORMANT Address Mrs. Harley B. Caywood 4951 Laclede
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Seriously				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				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.) ✓		
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 1956 to 8-24-58 and last saw him alive on 8-23-58 Death occurred at 1:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) James J. Pugh M.D.			22b. ADDRESS 730 Hickmon	
22c. DATE SIGNED 8/25/58				
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Aug 26 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
		23d. LOCATION (City, town, or county) St. Louis County Mo.		
24. FUNERAL DIRECTOR C.R. Lupton and sons		ADDRESS 7233 Delmar		25. DATE RECD. BY LOCAL REG. 8-26-58
26. REGISTRAR'S SIGNATURE Herbert R. Drake M.D.				

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4
S. 300
1-57

Dr. Pierce Reilly 730 Hodimont.
Pa-1-5187

Dr. Reilly

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address. *St. Louis, Mo.*

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.