

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038410
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2638

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BRENTWOOD MO</u> 45110 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>		Length of stay in hospital <u>1 day</u>	d. STREET ADDRESS <u>8612 ROSE AVE</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Katie</u> Middle <u>Tuggle</u> Last <u>Tuggle</u>			4. DATE OF DEATH Month <u>10</u> Day <u>10</u> Year <u>58</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>3 NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>OCT 5 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u> Hours <u>58</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EDUCATION</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD TUGGLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Leonard Tuggle Jr</u> Address <u>8612 Rose Ave</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10/9/58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral thrombosis due to Arteriosclerosis</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 <u>CLAYTON MO</u>	COUNTY <u>ST LOUIS</u>	STATE <u>MO</u>
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21. I attended the deceased from 10-9-58 to 10-10-58 and last saw her alive on 10-10-58
Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deeds or title) <u>Angelo A. Speno, M.D.</u>	22b. ADDRESS <u>607 So. Brentwood</u>	22c. DATE SIGNED <u>10-13-58</u>
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23a. BURIAL, CREMATION, or REBURYAL (Specify) <u>Burial Oct 15, 1958</u>	23b. DATE <u>10-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., MO</u>
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24. FUNERAL DIRECTOR <u>F. J. Vandell & Sons Funeral Home</u> <u>1778 Kerkham</u>	25. DATE RECD. BY LOCAL REG. <u>10-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Hubert R. Doule MD</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NO SYMPTOMS WITH 29-11-58

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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 *Theodore J. Gaudin*

Licensed Embalmer No. *4243*

P. O. Address *130 Eldred
Newton, Mass*

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.