

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

= 60-029250

STATE FILE NUMBER

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **1987**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Town & Country	a. STATE Mo.	b. COUNTY St. Louis
Length of stay in 1b 6 Mon.		c. CITY OR TOWN Town & Country	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION #11 Ballas Court		d. STREET ADDRESS (If outside, give location) #11 Ballas Ct.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First NORA	Middle E.	Last PUGH	4. DATE OF DEATH	Month June	Day 30	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) New York, N.Y.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Eric Larsson	13b. MOTHER'S MAIDEN NAME Kate Mahoney	14. NAME OF HUSBAND OR WIFE Late Harry C. Pugh
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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. 087-30-6085	17. INFORMANT Mary Decker #11 Ballas Ct.
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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:		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
IMMEDIATE CAUSE (a)	Metastatic carcinoma, generalized primary unknown	
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from **May 16, 1960** to **June 29, 1960** and last saw her alive on **June 29, 1960**
Death occurred at **8:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James B Jones M.D.	(Degree or title)	22b. ADDRESS 9313 Manchester Road St. Louis 19, Missouri	22c. DATE SIGNED 6-30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Air)	23b. DATE July 1, 1960	23c. NAME OF CEMETERY OR CREMATORY LOCAL	23d. LOCATION (City, town, or county) (State) New York, N.Y. in Mass.
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24. FUNERAL DIRECTOR Kriegshauser 9450 Olive St. Road	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-30-60	26. REGISTRAR'S SIGNATURE James B Jones
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

R. W. Storz

Licensed Embalmer No. 4007

P. O. Address St. Louis

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.