RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1960

-60-040120

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9971

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hosp.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 7719 Ivory
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Ardell Middle: Preston Last: Pugh
4. DATE OF DEATH: Month: Oct. Day: 12, Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/20/98
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Kansas City, Kan.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Martin Pugh
13b. MOTHER'S MAIDEN NAME: Jane Clason
14. NAME OF HUSBAND OR WIFE: Thelma Pugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489 070 820
17. INFORMANT: Thelma Pugh Address: 7719 Ivory 11

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: chronic myocarditis
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 11 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 422.2

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

10-3-60 10-12-60 10-12-60

21. I attended the deceased from Oct 3, 1960, to Oct 12, 1960 and last saw ~~her~~ him alive on Oct 12, 1960

Death occurred at 8:03 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A.F. Lerner (Degree or title): M.D.
22b. ADDRESS: 1259 No. Kingshighway
22c. DATE SIGNED: 10-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/15/60
23c. NAME OF CEMETERY OR CREMATORY: Grandin Cemetery
23d. LOCATION (City, town, or county) (State): Grandin Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co. ADDRESS: 7420 Michigan 11
25. DATE RECD. BY LOCAL REG.: OCT 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

Dr A. S. Lerner 1 P M
1259 N. Kingshighway
Fo 7-5340

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. G. Peterso

Licensed Embalmer No. 376

P. O. Address 7420 Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.