MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28360

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 1119A Dillon St. ..... St. ..... Ward)

File No. .....

Registered No. 7875

2. FULL NAME Mary Hughes

(a) Residence. No. 1119A Dillon St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~ (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23-1839

7. AGE: Years 88 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ,,
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Wm Hopper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Ruth Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Maggie Hughes
(Address) 1119A Dillon St.

15. FILED SEP -4 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/3/27 19

17. I HEREBY CERTIFY, That I attended deceased from 8/13/27, 19, to 9/3/27, 19, that I last saw her alive on 9/2/27, 19, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

908

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Broncho-pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Eugene F. Moore, M.D.
9/3, 1927 (Address) 1536 Papin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Honeywell Mo
DATE OF BURIAL: Sept 4 1927

20. UNDERTAKER: E. J. Schnur
ADDRESS: 3125 Lafayette av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.