

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

Do not use this space.

32352

**1. PLACE OF DEATH**

County.....  
Township.....  
City, St. Louis (No. 1003)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 9767  
St. .... Ward)

**2. FULL NAME**

Theodore C. Hughes

(a) Residence. No. 18179 N Grand St. 11 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 man 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
32 8 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Musician  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Judy Music Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER Theodore Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Caroline Laurier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Carrie L. Hughes (Address) 18179 N. Grand St.

15. FILED NOV - 2 1927 Mano Starrcoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-29/27 19... to 10/29/27 19... that I last saw him alive on 10-29/27 19... and that death occurred, on the date stated above, at 2 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
Apoplexy  
82 h (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) second stroke (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NY IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding  
(Signed) P. J. Farmer M. D.  
, 19 (Address) Metropolitan

\*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 Lakewood Park cemetery DATE OF BURIAL NOV 1 1927

20. UNDERTAKER Cullman Bros ADDRESS 17107 Grand St.

WRITE FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. F. J. ...  
Metropostera ...