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

Do not use this space.

21849

File No. .....

Registered No. 5966

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. City Hospital ..... St. ..... Ward)

2176

2. FULL NAME Charles Hough

(a) Residence. No. 2141 Chekong 22 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer. 1888
(b) General nature of industry, business, or establishment in which employed (or employer) 1518
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robt Hough

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

12. MAIDEN NAME OF MOTHER Anna Johnson

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

14. INFORMANT Mrs Roman
(Address) City Hospital

15. FILED JUN - 4 1928 Mary C Hartlept
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1928

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to June 3, 1928, that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at 9.35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis of left arm
Streptococcus septicemia
Laceration index finger
from getting fingers between a
(duration) yrs. mos. ds.
CONTRIBUTORY Screen door
(SECONDARY)
(duration) yrs. mos. ds.

1518

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

8

6/4 (Signed) Edmund R. Sheridan, M.D.
, 1928 (Address) City Hospital

*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 Valhalla Cemetery
DATE OF BURIAL June 5 1928

20. UNDERTAKER A. W. McLaughlin
ADDRESS 1621 Tooley

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.

Hugh