WRITE PLAINLY, 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.

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

Do not use this space.

12327

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2845

City St. Louis Mo (No. ....., 3910 a McRee Ave St. ..... Ward)

2. FULL NAME Charles L. Hughes

(a) Residence. No. ..... St., 18 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: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1929

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Charles Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Vera Landsden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor (STATE OR COUNTRY) Ill

14. INFORMANT Charles Hughes (Address) 3910 a McRee Ave

15. FILED ..... 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929

17. I HEREBY CERTIFY, That I attended deceased from 11 50 AM 3/3, 1929, to 3/4 - 8 30 PM, 1929, that I last saw him alive on 3/4, 1929, and that death occurred, on the date stated above, at 8 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectases

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

CONTRIBUTORY (SECONDARY) 162

(duration) ..... yrs. ..... mos. ..... 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? .....

(Signed) Edward X Link, M. D

3/5, 1929 (Address) 3866 Shaw

*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: Windsor Ill
DATE OF BURIAL: Mar 5 1929

20. UNDERTAKER: Wm. J. Robert
ADDRESS: 1905 S. Grand Blvd