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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 781

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

City St. Louis. (No. Home for the Aged. St. ..... Ward)

File No. 16218

Registered No. 4255

2. FULL NAME William Hughes.

(a) Residence. No. 3400 So. Grand Blvd. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know, 1852.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	77	--	--	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer.
(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) New Jersey.

PARENTS

10. NAME OF FATHER Daniel Hughes.

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

12. MAIDEN NAME OF MOTHER Elt Dont Know.

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

14. INFORMANT Sister Michael
(Address) 3400 S. Grand Blvd.

15. FILED 11 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 4/9

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1929

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to April 9, 1929, that I last saw him alive on April 9, 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6 P.M.

Aortic Stenosis
92,A
97 (duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. 1 mos. 9 ds.

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

(Signed) [signature] M. D.
4/10/, 1929 (Address) 3165 So Grand

*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 SS. Peter & Paul Cemetery. DATE OF BURIAL Apr. 11 1929

20. UNDERTAKER J. H. Gebken L & U. Co. ADDRESS 2842 Meramec

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

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