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

Do not use this space.

25843

File No. 1013

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2010 a Geyer Ave St. ..... Ward)

2. FULL NAME Alexander Hughes

(a) Residence. No. 2010 a Geyer Ave St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 Husband of the late Nancy Jane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1852.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77.	4.	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Meat Market & Grocery
(c) Name of employer self

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

PARENTS

10. NAME OF FATHER Samuel Hughes

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

12. MAIDEN NAME OF MOTHER Catherine Stewart

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

14. INFORMANT Mrs E. Gott
(Address) 2010 a Geyer ave.

15. FILED July 3 1929 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1929

17. I HEREBY CERTIFY, That I attended deceased from June 2 1929, to July 1 1929, that I last saw h. alive on July 1 1929 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Prostatic Cystitis
..... (duration) ..... yrs. 3 mos. ..... ds.

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? .....
(Signed) Dr Robert Reuter M. D.
July 3rd 1929 (Address) 1012 Geyer Av

*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	DATE OF BURIAL
New St Marous Cemetery	July 3 1929
20. UNDERTAKER McLaughlin	ADDRESS 1631 Missouri

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

164

13

1012. [illegible]