

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

Do not use this space.

1291

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City St. Louis, Mo.

Registration District No. 399  
Primary Registration District No. 1003  
(No. St. Joseph Hospital)

File No. 283  
Registered No. 283  
Ward

**2. FULL NAME**

(a) Residence No. Arnette Hotel 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. 21 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) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
81 10 25

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. My

10. NAME OF FATHER Frank Hughes

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT (Address) Mrs. Carrey W. Sealey  
1133 N. Market

15. FILED 1/31/30 St. Louis, Mo. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Jan 19 1930 that I last saw him alive on Jan 18 1930 and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
1930 (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis of Aorta (duration) 8 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
(Signed) Milton B. Casabalt, M. D.  
1/19 1930 (Address) 1207 Rialto Bldg. K.P. Mo.

\*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 Forest Hill DATE OF BURIAL Jan 22 1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

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MISSOURI STATE BOARD OF HEALTH

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Va. 7134

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