

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

Do not use this space.

17295

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 786
 6 Township CENTRAL Primary Registration District No. 4469
 8 City MAPLEWOOD (No. 3546 CAMBRIDGE AVE.) St. _____ Ward _____

2. FULL NAME John F. Hughes
 (a) Residence, No. 3546 CAMBRIDGE AVE. 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 26 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TERRA COTTA.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winkle Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME RICHARD HUGHES.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAKES.

15. MAIDEN NAME MARY ANNE ROBERTS.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAKES.

17. INFORMANT MRS. BARBARA HUGHES.
 (ADDRESS) 3546 CAMBRIDGE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETER - PAUL DATE MAY 10 1932

19. UNDERTAKER CROGHAN UND. CO. INC.
 (ADDRESS) 7146 MANCHESTER AVE.

20. FILED May 9, 1932 Mercedes Schutte
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1931, to May 7th 1932
 I last saw him alive on May 6th 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:
chronic interstitial nephritis
131
77 131
 Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chadron, M. D.
 (Address) Maplewood

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.

MAY 28 1932

