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

Do not use this space.

File No. 24389
Registered No. 6513

1. PLACE OF DEATH

County ..... Registration District No. 79A
Township ..... Primary Registration District No. 1068B
City St. Louis (No. 5215 Beacon St. ..... Ward)

2. FULL NAME Eugene Mc Hugh

(a) Residence, No. 5215 Beacon St., 7 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	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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

FATHER
13. NAME John Mc Hugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Anna Haffey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John Jr. Mc Hugh
(ADDRESS) 5215 Beacon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 7-16 1932

19. UNDERTAKER Chas. F. Stuart
(ADDRESS) 1225 Hiriovi Blvd

20. FILED JUL 18 1932 C. J. Wolff
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932

22. I HEREBY CERTIFY That I attended deceased from May 20, 1931, to July 13, 1932
I last saw him alive on July 13, 1932 Death is said to have occurred on the date stated above, at 9:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 93C 574	June 15 1932
93C	
Other contributory causes of importance:	
Chronic arthritis	about 3 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Roland R. Menown, M. D.
(Address) 5330 Geraldine Av.

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.