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.

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

Do not use this space.

791 1003

11464

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2538

City St Louis Mo (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

2. FULL NAME Della Hughes

(a) Residence. No. Barnard Skin & Cancer Hosp Ward 21 St Louis Mo
(Usual place of abode) 3427 Washington ave (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)
F	W.	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	65			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waitress at

(b) General nature of industry, business, or establishment in which employed (or employer) Barnard Skin & Cancer Hosp.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Hughes

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Helen Safron
(Address) 7498 Teasdale

15. FILED MAR 16 1933 Max C Stark Wpp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1933

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1933 to March 15, 1933 that I last saw her alive on March 15, 1933 and that death occurred, on the date stated above, at 9 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension (Cerebral Haemorrhage)

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pneumonia (Labor)

..... (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 108 108 82 R

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 102

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Guy N. Magness, M. D.

3/16, 1933 (Address) 3427 Washington Ave

*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
McCune Tenn	3/21 1933
20. UNDERTAKER	ADDRESS
Louis H Bopp.	Kirkwood Mo