MAY 13 1935

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

Do not use this space.

14942

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 3824
Township — Primary Registration District No. 1003 — Registered No.
City St Louis Mo (No. 1826 No 17 St. St. Ward)

2. FULL NAME Mrs Ethel Hughes
(a) Residence, No. 1826 north St., 17 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 William C Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1885

7. AGE: YEARS 49 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Missouri

FATHER
13. NAME C C Underwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME ~~DH~~ Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~DH~~ Unknown

17. INFORMANT (ADDRESS) A. R. Hughes St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton Mo DATE April 28 1935

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton Mo

20. FILED APR 26 1935 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1935, to April 26, 1935
I last saw h. w. alive on April 25, 1935. Death is said to have occurred on the date stated above, at 9:30 A.m. 4-26-35
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	10-16-33
Carcinomatosis	11-28-34

Other contributory causes of importance 50

Name of operation Radical Mammamectomy Date of 11-30-33
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) Bernard H. Flotte M. D.
(Address) 2302 Salisbury Street

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.

1826 North 1785
2306 angilo
Mrs WC Hughes
allen

Bond Hall
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