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.

NOV 1 1935

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

Do not use this space.

34406

File No. 884.3

Registered No.

Registration District No. 791

Primary Registration District No. 1603

1. PLACE OF DEATH

County

Township

City St Louis City Hosp #1 (No. ... St. ... Ward)

2. FULL NAME John J. Hughes

(a) Residence, No. 2403 N. Sarah St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6-1902

7. AGE: Years 33 Months 9 Days 15 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hydro Inv Corp

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

FATHER

13. NAME John J. Hughes

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

MOTHER

15. MAIDEN NAME Mary Brennan

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

17. INFORMANT Louise Hughes
(ADDRESS) 2403 N. Sarah St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 24 1935

19. UNDERTAKER Leland F. Trust
(ADDRESS) 1223 Olive Blvd Ferguson

20. FILED OCT 22 1935 19 J. J. Bredeck Registrar. OK Conway

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct-18- 1935, to Oct 20 1935

I last saw him alive on Oct 20- 1935. Death is said to have occurred on the date ~~stated above~~, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left side)	

Other contributory causes of importance:

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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?

If so, specify

(Signed) Dr Maurice A Frankenthal, M. D.

(Address) Visitor Bld 4500 Olive