

JUL 16 1936

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

Do not use this space.

791

25001

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City **St. Louis** (No.)

1003
5040A Northland Ave.

File No.

Registered No. **6668**

St. Ward)

2. FULL NAME **FELIX J. HUGHES.**

(a) Residence, No. **5040A Northland Ave. St. 6** 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 **Mayme Hughes**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 2, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 6 30

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

13. NAME **Patrick Hughes**

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

15. MAIDEN NAME **Isabelle O'Connor.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Mrs Mayme Hughes**
(ADDRESS) **5040A Northland Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **July 3, 1936**

19. UNDERTAKER **Arthur J. Donnelly, Jr. Co.**
(ADDRESS) **3840 Olive St.**

20. FILED **JUL 1 1936**
J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30th, 1936**

22. I HEREBY CERTIFY That I attended deceased from **June 12th, 1936, to June 30th, 1936**
I first saw him alive on **June 26th, 1936**. Death is said to have occurred on the date stated above, at **9:55 A.M.**

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

CARDIOVASCULAR RENAL DISEASE
Coronary arteries and High Blood Pressure
Date of onset **6-12-36**

Other contributory causes of importance: **Broncho Pneumonia**
Date **6-25-36**

Name of operation **Autopsy** Date of
What test confirmed diagnosis? **Change** 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 **Joseph M. Tugg**, M. D.
(Signed) **Joseph M. Tugg**
(Address) **473 Metropolitan Bldg.**

Mr. J. M. T. 29

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