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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3169 Portis Ave. 1 St. ..... Ward)

File No. 3574

Registered No. 607

96
30

2. FULL NAME James McHugh

(a) Residence, No. 3169 Portis Ave. St., 161 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Anna McHugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1876

7. AGE: YEARS 60 | MONTHS 0 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.P.A. 209

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. 1

FATHER

13. NAME: Edward McHugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Cecelia Mulrooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

17. INFORMANT (ADDRESS): Mrs. Margaret Oppermann 3169 Portis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 1-15 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED JAN 14 1937, 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Joseph M. Quinn, MD.

(Address) Deputy Coroner