

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. **791**

Primary Registration District No. **1003**

(No. City Hospital No. 1)

File No. 8688

Registered No. 2149

St. Ward)

B. 16207

2. FULL NAME

Thomas Hughes

911 a Market

St. 25 Ward.

(If nonresident, give city or town and State)

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 49 8 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24

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

13. NAME John Hughes

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

15. MAIDEN NAME Maggie Kenepf

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

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Feb. 22 1937

19. UNDERTAKER Openhandl Funeral Dir
(ADDRESS) 414 1/2 Washington

20. FILED FEB 21 1937 J. B. Decker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/9/37, 19, to 2/19/37, 19

I last saw him alive on 2/19/37, 19. Death is said

to have occurred on the date stated above, at 1.48 a

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

Coronary artery
the myocardium
H67

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) Reggie S. ..., M. D.

(Address) City Hospital No. 1

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.

211

