

APR 9 1937

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

Do not use this space

1. PLACE OF DEATH

County

Registration District No. 1791

Township

Primary Registration District No. 1003

City St. Louis

(No. 3439 a Utah

File No. 9857

Registered No. 2412

St. Ward)

2. FULL NAME ARTHUR J. HUGHES

(a) Residence, No. 3439a Utah

St. 16 Ward.

(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

Emma

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

May 12, 1871

7. AGE

YEARS 65

MONTHS

9

DAYS

14

If LESS than 1 day, hrs. or min.

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

Shoe Worker

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

Shoe factory

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 James Hughes

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

Ireland

15. MAIDEN NAME Julia Mulane

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

Ireland

17. INFORMANT Mrs. Emma Hughes

(ADDRESS)

3439a Utah

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary

DATE March 2, 1937

19. UNDERTAKER 2707 N. Grand Blvd.

(ADDRESS)

St. Louis, Mo. J. J. Bredeck

20. FILER MAR 1 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 37 19

22. I HEREBY CERTIFY, That I attended deceased from

9/9, 1936, to 2/26, 1937

I last saw him alive on 2/16, 1937. Death is said

to have occurred on the date stated above, at 8:40 p.m.

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

Date of onset

Chc. Myocarditis

Other contributory causes of importance:

Bronchial asthma

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

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)

J. J. Bredeck, M. D.

(Address)

3899 Delmar

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.

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