JAN 10 1938

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

791 v
1003 1

42885
Do not use this space.

11135

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11135

(c) City Saint Louis (d) Street No. 2423 Belle Glade Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred Unknown yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mary Frances Hughes

(a) Residence, No. 2423 Belle Glade Avenue St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Emanuel Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 79 | 2 | 25 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. 255
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Natchez (STATE OR COUNTRY) Mississippi v

**FATHER**

13. NAME Unavailable-Caldwell
14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Unavailable 31

**MOTHER**

15. MAIDEN NAME George Anna White
16. BIRTHPLACE (CITY OR TOWN) Harpers Ferry (STATE OR COUNTRY) Virginia v

17. INFORMANT Eugene Hughes (ADDRESS) 2423 Belle Glade

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 5 1937.

19. FUNERAL DIRECTOR Charles J. Gales (ADDRESS) 4107 Finney Avenue

20. FILED DEC 3 1937 19 J. H. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937 to November 30, 1937

I last saw her alive on Nov. 30, 1937. Death is said to have occurred on the date stated above, at 2:35 A.M.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/30 1937 |
| Other contributory causes of importance: Arterio Sclerosis | ? |

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

What test confirmed diagnosis? clinical 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) J. H. Bredeck, M. D.

(Address) 822a North Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, DEATH OR READING INK—THIS IS A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I, James A. Johnson, Licensed Embalmer No. 3522 - hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself L. E. No. ..... or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522 -

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**