

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

42897  
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791 / 1003  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **2601 N Whittier** St.  
**Life** (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Carnie Hughes**  
 (a) Residence, No. **3110 Hickory** St. **18**  
 (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 6, 1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**6 2 24**

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

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**  
 13. NAME **Claude Hughes**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER  
 15. MAIDEN NAME **Nannie Smith**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Diokans** DATE **Dec. 3/37**

19. FUNERAL DIRECTOR (ADDRESS) **E. L. Garner 2829 Washington Ave.**

20. FILE **DEC 3 1937** **J. Predeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **July 30**, 19 **37**, to **Nov. 30**, 19 **37**  
 I last saw him alive on **Nov. 30**, 19 **37**. Death is said to have occurred on the date stated above, at **8:45** m. a.m.  
 The principal cause of death and related causes of importance were as follows:  
**Broncho-pneumonia primary**  
 Other contributory causes of importance:  
**Chronic intestinal indigestion since birth, history of which is unknown**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinical** 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 ..... 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) **H. E. Moruell**, M. D.  
 (Address) **Phillips Hosp.**

Date of onset **7/30/37**

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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STATEMENT BY LICENSED EMBALMER

I, Arthur L. Heilbard

Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Arthur L. Heilbard

Licensed Embalmer No. 3389

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.)