JAN 10 1938

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

43017

Do not use this space.

791 2

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 11267

(c) City St. Louis Mo. (d) Street No. 3415 Hickory 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Hughes

(a) Residence, No. 3415 Hickory St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	4	1	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Nil. 2

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) Henderson Ky. 2

FATHER

13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

17. INFORMANT (ADDRESS) Carthrine Yarber 3415 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 9, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wright, Funeral Home. 3100 Easton Ave.

20. FILED 2 330 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1937 to 12/5, 1937

I last saw him alive on 12/5, 1937. Death is said to have occurred on the date stated above, at 2.45 A m.

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

Chron Interstitial Nephritis 31 — Date of onset about 2 yrs

Other contributory causes of importance: Chron Myocarditis 1 yr

Name of operation none 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 ....., 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) D. E. Taylor, M. D.

(Address) 3136 Chauncey

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

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STATEMENT BY LICENSED EMBALMER

I, Chas. Gaines, Licensed Embalmer No. 2349

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

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.)