

FEB 12 1938

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

812
Do not use this space.
668

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2636a Adams** 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 **Marie Hughes 220**

(a) Residence, No. **2636a Adams** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 16

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. **Maid**
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) **Ala.**

FATHER 13. NAME **Friday Colger**

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

MOTHER 15. MAIDEN NAME **Harriett Townsend**

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

17. INFORMANT (ADDRESS) **Sandy Hughes 2636a Adams St.**

18. BURIAL, CREMATION, OR REMOVAL: PLACE **Locan Ala.** DATE **1/21/38**

19. FUNERAL DIRECTOR (ADDRESS) **W. S. Wade Und. Co., 4202 Finney Ave.**

20. FILED **JAN 19 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 17, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **12-13-1937** to **1-17-1938**. I last saw her alive on **Jan. 17, 1938**. Death is said to have occurred on the date stated above, at **1:40 P.M.**
The principal cause of death and related causes of importance were as follows:

Mysocarditis Acute, caused by gastritis cause of gastritis improper diet
Other contributory causes of importance: *Gastritis + Decedent fell on ice Dec. 13-1937*

Name of operation Date of
What test confirmed diagnosis? *Clinical symptoms* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *accident* Date of injury **1-21-1938**
Where did injury occur? *St. Louis, Mo*
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *strained back*
Nature of injury *fell on sidewalk*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *W. H. T. M. D.*
(Signed) *J. F. Bredeck* M. D. (Address) *1001-4-1938*

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.

