

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1008

REC'D FEB 10 1939

929
Do not use this space.

929

Registered No.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis, Mo. (d) Street No. 5600 Arsenal 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 MARTHA HUGHES

(a) Residence, No. 620 So. BARRISON St. 21 (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 COLORED 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) OCT. 3, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 23

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.

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) St. Louis, Mo.13. NAME JAMES HUGHES14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbolt TENN.15. MAIDEN NAME Johnie MAE COLEMAN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbolt TENN.17. INFORMANT (ADDRESS) B. BUTTENUTH, 1601 Washington Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan. 31, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Harrison, 2906 Lexington20. FILED JAN 30 1939 J. B. Biedack, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 26, 193922. I HEREBY CERTIFY, That I attended deceased from JAN. 23, 1939, to JAN. 26, 1939I last saw h. E.R. alive on JAN. 26, 1939. Death is saidto have occurred on the date stated above, at 4:40 a.m.

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

Pertussis

Date of onset

Other contributory causes of importance:

Sept. Arachnoid Haemorrhage

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

What test confirmed diagnosis?..... Was there an autopsy? ye

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? 1
If so, specify.....(Signed) Boyd Boydman, M. D.
(Address) 1601 Washington Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....
working under my personal supervision.

Signed James H. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

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.)

If this body is not embalmed, above space should be left blank.