

1939 MAR 13 1939

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

5166  
Do not use this space.

1859

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis ..... (d) Street No. Desloge Hospital ..... 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 Patrick J. Hough

(a) Residence, No. 5207 Helen St. WR West Walnut Manor  
(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 W 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) 1884 - unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt 54 X X

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

13. NAME Patrick J. Hough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Bridget Hough  
5207 Helen

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2/28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. L. Ziegenhein & Son  
7027 Gravois Avenue

20. FILED FEB 27 1939 J. F. Bridges Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1938 to 2-26, 1939

I last saw him alive on 2-26-39, 19..... Death is said to have occurred on the date stated above, at 8:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Septicemia - Hemolytic streptococcus Date of onset 2-25-39

Lympho sarcoma of throat acute suppurative arthritis parotiditis not mening 2-15-39

Other contributory causes of importance: arthritis

Name of operation Drainage Date of 2-24-39  
What test confirmed diagnosis? Procy 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? Yes  
If so, specify .....  
(Signed) O. J. Williams M. D.  
(Address) Furner Desloge Hospital  
St Louis

N. E.—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.

**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.....

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

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937<sup>a</sup> Gray

**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.**