DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 23847

Registrar's No. 6120

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 Chambers St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Bridget Mc Hugh 220

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 16 (Day) 1863 (Year)

8. AGE: Years 76 Months — Days 23 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

10. Usual occupation House Work 5

11. Industry or business 5

FATHER
12. Name Patrick Mc Hugh 7
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Mc. Hugh
(b) Address 4132 Shenandoah Ave

17. (a) St Theodore Cem (Burial, cremation, or removal) (b) Date thereof July 12-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Flint Hill Mo.

18. (a) Signature of funeral director Bremerhaven Und. Co
(b) Address 4746 W. Florissant Ave

19. (a) JUL 11 1939 (Date received local registrar) (b) J. F. Bodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ninth year 1939 hour minute M.

21. I hereby certify that I attended the deceased from April 21, 1938, 19, to July 9, 1939; that I last saw h she alive on 7-9-39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death broncho pneumonia acute	2 days
Due to oedma of lung caused by failing heart	
Due to	
Other conditions carcimoma of rectum (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations carcinoma of rectum
Of autopsy broncho pneumonia
carcinoma of rectum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury /

23. Signature John W Macdonald (M. D. or other)
Address 539 No. Grand Blvd. Date signed 7-11-39

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

539 M [illegible]

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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