

REGD NOV 23 1939 791

Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 2 Days
In this community 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Hughes 220
8. (b) If veteran, name war No 8. (c) Social Security No. 488-01-6682

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14, 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Maker

11. Industry or business _____

MOTHER FATHER
12. Name Geo. Hughes
18. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bond
15. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nada Burton
(b) Address 700 S. 2nd St

17. (a) Removal (b) Date thereof 10/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paducah, Ky.

18. (a) Signature of funeral director J. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) OCT 10 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 700 S. 2nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9, year 1939 hour 8:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 5, 1939, to October 9, 1939; that I last saw him alive on October 9, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death abscesses of brain caused by impyoma following old lobary pneumonia
Due to _____
Due to _____

Other conditions 110
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. F. Casberg (M. D. or other) 1
Address 1515 Lafayette 10/10/39
Date signed

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.

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 L. R. Cooper
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.