No. 2
11-10-39
-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17091

FILED JUN 15 1940

Registration District No. 17091

Primary Registration District No. 1003

Registrar's No. 4569

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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:
3931 Juniata St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits write "RURAL")

(d) Street No. 3931 Juniata
(If rural, give location)

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

3. (a) PRINT FULL NAME James Frederick Hughes 2 H

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary A.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March (Month) 24 (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Western Port (City, town, or county) Maryland (State or foreign country) 1

10. Usual occupation Retired Machinist

11. Industry or business Terminal Railroad

FATHER
12. Name James Hughes
13. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country) 1

MOTHER
14. Maiden name Mary Wiest
15. Birthplace Fredericktown (City, town, or county) Maryland (State or foreign country) 1

16. (a) Informant Mrs. Jeanette Stedman
(b) Address 4022 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) MAY 23 1940 (Date received local registrar) J. F. Bachuk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from 1935
, 19 , to May 22, 1940
that I last saw him alive on May 20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyonephrosis Non Calculous	1 yr
chronic Myocarditis	5 yrs
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93C	
Major findings: Of operations	
Of autopsy	

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 Thos M Martin (M. D. ~~or other~~) (MARTIN)
Address 607 no grand Date signed 5/23

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

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