

SEP 24 1940 784
Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1712

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6837 Kingsbury Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits write "RURAL")
(d) Street No. 6837 Kingsbury Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JAMES BURCHARD HUGHEY 200
8. (b) If veteran, name war unknown 3. (c) Social Security No 702-09-1903

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept day 9
year 1940 hour 6 minute 15 a. M.

4. Sex male 6. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena L. Hughey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 25 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6 1940 to Sept 9 1940
that I last saw him alive on Sept 2 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 11 15 hr. min.

Immediate cause of death Carcinoma of urinary bladder
Duration 1 year

9. Birthplace Russelville Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation railroad business

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Illinois Terminal R.R.
12. Name James Hughey
13. Birthplace Russelville Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wilson
15. Birthplace Russelville Arkansas
(City, town, or county) (State or foreign country)

Major findings: Carcinoma in diverticulum of urinary bladder
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lena L. Hughey
(b) Address 6837 Kingsbury St. Louis
17. (a) Cremation (b) Date thereof 9-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 733 1/2 Belmar Blvd. St. Louis
19. (a) SEP 23 1940 (b) J. R. Miley M.D.
(Date received local registrar) (Registrar's signature)

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 Joseph E Glenn (M. D.)
Address 10258 Arcade Bldg Date signed Sept 9/40

SEP - 9 1940

(Licensed Embalmer's Statement on Reverse Side)

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

605

784

Dr. Joseph E. Glenn
Arcade Bldg.
Ch--7040
12:30 - 2:30 P.M.

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 H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.