No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30330

Registration District No. 791 — Primary Registration District No. 1005 — Registrar's No. 7607

FILED OCT 25 1940

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: 4225 IOWA AV. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS 15 (If outside city or town limits write "RURAL")
(d) Street No. 4225 IOWA (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LORETTA McHughes.
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife R. T. McHughes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 11 (Day) 1869 (Year)

8. AGE: Years 71 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation NIL 5
11. Industry or business 5
FATHER
12. Name (Unk) McCONNELL
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace IRELAND. (City, town, or county) (State or foreign country)
16. (a) Informant Roland McHughes
(b) Address 4225 Iowa av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 11-1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.
19. (a) SEP 10 1940 (Date received local registrar) J. F. Kroleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 8 year 1940 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Aug 12th, 1940, to Sept 7th, 1940 that I last saw her alive on Sept 7th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Senility	2 years
Due to Pulmonary Congestion	
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 J. A. O'Dond (M. D. or other)
Address 4065-S Grand Date signed 9/9/40

(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. Jos B Wollner

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.