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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33109  
Registrar's No. 1698

FILED OCT 10 1940  
Registration District No. 1989

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
218 W. Felton ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, MO.  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 W. Felton ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 7  
year 1940 hour 12 minute 15p. M.  
21. I hereby certify that I attended the deceased from June 1939  
to Sept 7, 1940  
that I last saw him alive on Sept 7, 1940  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death Coronary Thrombosis 36 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
131

Other conditions Myocarditis Chronic  
(Include pregnancy within 6 months of death)  
intermittent

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none  
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)  
(a) Means of injury \_\_\_\_\_  
23. Signature [Signature] Date signed Sept 7-40  
Address 750 Genney Ferry Rd

3. (a) PRINT FULL NAME Joseph L. Hughes

8. (b) If veteran, name war NO IVE 8. (c) Social Security No. 492-01-7461

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Hughes 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 12 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Roller

11. Industry or business Shoe Factory

12. Name Marion Hughes

13. Birthplace Somerset Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Russell

15. Birthplace Somerset Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Hughes  
(b) Address 218 W. Felton ave.

17. (a) BURIAL (b) Date thereof SEPTEMBER 10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEMETERY

18. (a) Signature of funeral director [Signature]  
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) SEP - 8 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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

*Edwin H. Leebinger*

Licensed Embalmer No.

*4849*

P. O. Address

*6464 Chippewa*

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

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