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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33176**

Registration District No. **784**

Primary Registration District No. **115**

Registrar's No. **1778**

1. PLACE OF DEATH: **St. Louis.**

(a) County **St. Louis.**

(b) City or town **University City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**7346 Carleton Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20**  
(Specify whether years, months or days)

In this community **48 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis.**

(c) City or town **University City, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7346 Carlton Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Claude F. Hughes.**

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 G. Hughes.** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **May 22, 1857**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>3</b>	<b>25</b>	hr. min.

9. Birthplace **Virginia.** **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Clerk.** **1**

11. Industry or business **Carpet Company.**

12. Name **William Hughes.** **1**

13. Birthplace **Virginia.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Foster.**

15. Birthplace **Virginia.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary G. Hughes.**

(b) Address **7346 Carleton Ave. U. City.**

17. (a) **Burial** (b) Date thereof **9-20-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **SEP 19 1940** (b) **J. F. Gallagher**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17th.**  
year **1940** hour **6.** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **April 15<sup>th</sup> 1940** to **Sept 17<sup>th</sup> 1940**,  
that I last saw him alive on **Sept 14<sup>th</sup> 1940**,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Myocardial Regurgitation** **1 year**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **920**

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?

701  
While at work? **1** (Specify type of place) (e) Means of injury

23. Signature **J. F. Gallagher** (M. D. another) **1**  
Address **3903 Olive** Date signed **9/19/40**

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

MOTHER FATHER

For Embalmer  
Will R. R. 2-5

**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.....

*William Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 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, fact should be so stated above.**