

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12779**  
**3209**  
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1009**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether \_\_\_\_\_)

In this community 18 years  
years, months or days

3. (a) PRINT FULL NAME Andrew Hughes

(b) If veteran, name war no

(c) Social Security No. none

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Feb 3, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 2 6 hr. min.

9. Birthplace Columbus Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation unk.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Milton Hughes

13. Birthplace Columbus Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Thomas

15. Birthplace unk. Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant James Thomas

(b) Address 4284 St. Louis, ave

17. (a) Burial (b) Date thereof Apr 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas, ave

19. (a) Apr 14 1941 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis Jefferson  
(If outside city or town limits, write "RURAL") 921

(d) Street No. 1130 N. Jefferson  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1941 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from March 26, 1941, to April 9, 1941, that I last saw him alive on April 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 18-24 months

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Robert L. Cuyosh (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier St. Date signed \_\_\_\_\_

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

00  
17  
9

**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.....

*William C. McDowell*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*William C. McDowell*

Licensed Embalmer No. ....

*2114*

P. O. Address.....

**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.**