

DEC 31 1941
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 2578

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gumbo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway # 61 3
(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 Mo (b) County _____
(c) City or town St. Louis W. Wash. Hwy
(If outside city or town limits, write "RURAL")
(d) Street No. 5539 Hamilton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1941 hour 8 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an automobile that collided with another automobile
Due to on a public highway

Due to Concussion of brain from basal fracture of the skull.

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

Major findings:
Of operations _____
Of autopsy Yes

Duration _____

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) Accident
(b) Date of occurrence Dec. 17, 1941
(c) Where did injury occur? Near Gumbo, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature: Louis H. Bay (M. D. or other)
Address Kirkwood, Mo. Date signed 12/18/41

3. (a) PRINT FULL NAME Marion O. Hughart

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Bessie Hughart 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 21 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Louisiana Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business Frazier Brace Co.

12. Name Richard Hughart

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

14. Maiden name Theresa Elder

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

16. (a) Informant Mrs. Pessie Hughart

(b) Address 5539 Hamilton St. Louis, Mo

17. (a) Removal (b) Date thereof 12-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Ills.,

18. (a) Signature of funeral director Stroot & Carroll

(b) Address St. Louis, Mo.

19. (a) DEC 18 1941 (b) L. H. Bay
(Date received local registrar) (Registrar's signature)

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

JAN 21 1942

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 *Fred Stroop*

Licensed Embalmer No. 3265

P. O. Address 4600 Natural Bridge

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.