

5-14-41
5-17-39

X28390

FILED FEB 24 1947 91

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township?)

(c) Name of hospital or institution: **3860 Windsor Place**
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3860 Windsor Place**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Martin Hughes**

3. (b) If veteran, name war **World**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2nd**, year **1942** hour **9:00** minute **--** a. m.

21. I hereby certify that I attended the deceased from **10/21/41** 19 **42** to **January 2nd**, 19 **42**

that I last saw him alive on **January 2nd**, 19 **42** and that death occurred on the date and hour stated above.

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **March 6th**, **1888**
(Month) (Day) (Year)

Immediate cause of death **Cardiac decompensation** Duration don't know

8. AGE: Years **53** Months **9** Days **26** If less than one day _____ hr. _____ min.

Due to **Don't know**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

9. Birthplace **Jeffersonville Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butler**

11. Industry or business **Private family**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Thomas Jefferson Hughes**

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

14. Maiden name **Alice Martin**

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

16. (a) Informant **Edmonia Barnes**

(b) Address **3860 Windsor Place**

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? _____

17. (a) **Burial** (b) Date thereof **1-5-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107-09 Finney Avenue**

19. (a) **JAN 5 1942** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

2. **Walter H. Sporensma** (Signature)
Address **1506 St. Louis Ave.** Date signed **1/3/42**

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed.....

.....
Licensed Embalmer No. 3522

P. O. Address 4107 Fanny Ave.

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.