

G1280  
S. No. 2  
M-1-4-41  
5-17-39  
I X26390

FILED FEB 24 1942 291

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 St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 22 Days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4921 St. Louis Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Annie Truax  
 3. (b) If veteran, name war No. 3. (c) Social Security No. 0000

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January day 22, year 1942 hour 10:15 minute A. M.

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 3 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1, 1942 to January 22, 1942; that I last saw her alive on January 22, 1942; and that death occurred on the date and hour stated above.

**8. AGE:** Years 65 Months 7 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Pancreas Duration \_\_\_\_\_

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Maid

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business City Hospital

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy as above

MOTHER FATHER { 12. Name Christopher McHugh  
 13. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Unknown  
 15. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Cook  
 (b) Address 4921 St. Louis Ave.

**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 1-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Ave.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature M. M. Lail (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Ave. Date signed 1/21/42

19. (a) JAN 23 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

simu.

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**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..... *Ray W. Wilkinson*.....

Licensed Embalmer No..... *35-75*.....

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.**