

15486

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 4 1942  
1884

Primary Registration District No. 200

Registrar's No. 911

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:  
Manchester Nursing Home ✓  
(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 Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 602 Chestnut St. 9  
(If rural, give location)

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

3. (a) PRINT FULL NAME James F. Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Hughes

6. (c) Age of husband or wife if alive years 25 1873  
(Day) (Year)

7. Birth date of deceased April 1873  
(Month) (Day) (Year)

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

68 11 27 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. Louisville Construction Co.

11. Industry or business Meyers Construction CO.

12. Name Anthony Hughes

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

14. Maiden name Margaret Chalk

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

16. (a) Informant James W. Griffin

(b) Address 1349 Gibson Ave.

17. (a) Burial (b) Date thereof 4-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) APR 24 1942 (b) C. L. McHaren  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1942 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 4-19-42  
1942 to 4-22 1942  
that I last saw him alive on 4-21- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration

Due to Senile degeneration

Due to Syphilis

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

Major findings: 30g PHYSICIAN

Of operations.....

Of autopsy.....

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? D

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

23. Signature C. L. McHaren (M, D. or other) MD

Address 611 Olive St. Louis Mo. signed 4-23-42

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

McH

**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 Frick*.....

Licensed Embalmer No.....3186.....

P. O. Address...St. Louis, Mo.....

**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.**