

FILED OCT 1 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7817

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 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 hrs.
 (Specify whether
 In this community
 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. 4001 Olive
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

000
1942
9

3. (a) PRINT FULL NAME Katherine Hughes

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

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

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

7. Birth, date of deceased September 4, 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 14 hr. min.

9. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Leopold Schaffer
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Hilyard
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Theodore Schaffer

(b) Address 3005 Victor

17. (a) Burial (b) Date thereof 9/21/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address SEP 4234 Manchester

19. (a) 20 1942 (b) J. F. Brudek
 (Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18,
 year 1942 hour 6:18 minute P. M.

21. I hereby certify that I attended the deceased from September 17, 1942 to September 18, 1942; that I last saw her alive on September 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease
2 weeks

Due to

Due to

Other conditions Myocardial infarction
 (Include pregnancy within 3 months of death)

Major findings: Of operations AS

Of autopsy as above

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) (e) Means of injury

23. Signature M.D. [Signature] (M. D. or other)

Address 1545 Lafayette Avenue Date signed 9/19/42

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

MOTHER FATHER

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.....

Henry Eymek

Licensed Embalmer No. *1284*

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.