

FILED JAN 19 1943 818

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3965 N. Market St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John 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 Married

6. (b) Name of husband or wife Katherine McAndrews 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 20 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 19 hr. min.

9. Birthplace New Orleans Louisiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Justice of Police Court

12. Name John Hughes

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

14. Maiden name Ann Griffin

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

16. (a) Informant Katherine Hughes
(b) Address 3965 N. Market St.

17. (a) Burial (b) Date thereof 1-11-43
(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) JAN 9 1943 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3965 N. Market St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1943 hour 4 minute 0 a. m.

21. I hereby certify that I attended the deceased from Jan 16 1942 to Jan 8 1943
that I last saw him alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration ?

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 93

Major findings: Of operations.....

Of autopsy.....

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 Frank J. Stange (M. D. or other)
Address 3924 S. Johnson St. St. Louis Date signed 1-8-43

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

MOTHER FATHER

000
19
9/11

0

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.