

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home P. Phillips
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Hall Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Lawrence Hughes

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased December 8 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 1 4 hr. min.

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

10. Usual occupation School boy

11. Industry or business _____

12. Name Robert Hughes

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

14. Maiden name Mary Crutcher

15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Buckley

(b) Address 5400 Hall St.

17. (a) Burial (Burial, cremation, or removal) Greenwood Cemetery (b) Date thereof Jan 16-43
(Month) (Day) (Year)

18. (a) Signature of funeral director Russell Undt, Co.

(b) Address 2732 Pine Street

19. (a) JAN 19 1943 (b) S. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1943 hour 8 45 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis
R. H. ...

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/11

Major findings: Of operations _____

Of autopsy _____

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 Thomas F. Collins (M. D. or other) _____
Address Deputy Coroner Date signed 1-11-43

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.....

Joel Russell

Licensed Embalmer No. *4112*

.....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.