

FILED MAY 12 1943

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Registration District No. _____ 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:
The Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution March 22, 1943
May 1, 1943.
in this community. _____ (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. 3210 Park Ave.
(If rural, give location)

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

004
17
919

3. (a) PRINT FULL NAME Robert Hough

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 24, 1936
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>6</u>	<u>9</u>	<u>7</u> X	_____ hr. _____ min.

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

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER { 12. Name Harold Hough

{ 13. Birthplace Illinois _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name Laura House

{ 15. Birthplace St. Louis Missouri. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) BURIAL (b) Date thereof MAY 4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation ST. MATTHEWS, CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 2125 LAFAYETTE AV.

19. (a) MAY 4 1943 _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 22,
1943, 19____, to May 1, 1943
that I last saw him alive on May 1, 1943, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic nephritis

Due to Self poisoning

Due to _____

Other conditions Mucositis + Bronchitis
(Include pregnancy within 3 months of death) pneumonia

Major findings:
Of operations _____

Of autopsy Toxic nephritis

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Duration 3 days

10 days

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 Alvin Greening _____ (M. D. or other)

Address 21. Louis T. ... Date signed 9-2-43

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

Geo B Vollmer

Licensed Embalmer No.

4014

P. O. Address

3125 Edgemoor Ave

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.