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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAY 18 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4346

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:
Enroute to City Hospital
(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. **2611a DeKalb Avenue.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Jesse Hughes**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **525-22-0329**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Mary Hughes** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **September 11, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 27 hr. min.

9. Birthplace **Sorento Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business.....
12. Name **George Hughes**
13. Birthplace **Unknown Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Bell**
15. Birthplace **Sorento Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Hughes**
(b) Address **2611a DeKalb Avenue.,**

17. (a) **Removal** (b) Date thereof **5/10/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sorento, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**
(b) Address **4700 Washington Blvd.**

19. (a) **10 1943** (b) **J. F. Julek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1943** hour **10:50** minute **00**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

23. Signature **Thomas F. Hallen** (M. D. or other)
Address **Deputy Coroner** Date signed **3-10-43**

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..... *Albert G. Kopp*

Licensed Embalmer No..... *2971*

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.