

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26070  
Registrar's No. 1744

Registration District No. 27

Primary Registration District No. 3068

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2653 Lyle Ave  
(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 Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2653 Lyle Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis J. Hugg  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 26  
year 1943 hour 1: minute 30 P.M.  
21. I hereby certify that I attended the deceased from Dec 1942  
19 to 7/26 1943  
that I last saw him live on 7/26 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race Wh. 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Anne Agenes Hugg 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased August 19, 1874  
(Month) (Day) (Year)

Immediate cause of death:  
Ventricular fibrillation  
Arterio-sclerotic heart disease,  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
68 11 8 hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation TOOL SHOP WATCHMAN

11. Industry or business Maplewood City Hall

12. Name Leon Hugg

13. Birthplace Alsace Lorraine France  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moller

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

16. (a) Informant Loretta Hugg (daughter)

(b) Address 2653 Lyle Ave.

17. (a) Burial (b) Date thereof July 29-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) JUL 31 1943 (b) C. R. McDevitt  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(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 John P. Purson (M. D. or other)  
Address 648 Oakwood Ter Maplewood Date signed 7/28/43

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

26  
55

FILED AUG 8 1943

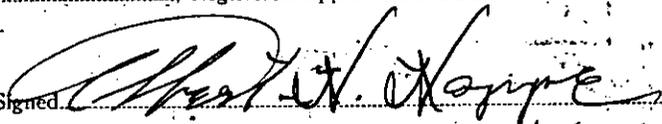
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**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 1861.....

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.**