

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39128

FILED DEC 4 1943

Registration District No. 377

Primary Registration District No. 3068

State File No. _____

Registrar's No. 2667

1. PLACE OF DEATH

(a) County: St. Louis
(b) City or town: Maplewood, Mo.
(c) Name of hospital or institution: 7361 Zephyr Ave. 1
(d) Length of stay: _____
In this community: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood
(d) Street No.: 7361 Zephyr Ave.
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME

Caroline Hugo

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex: Female / race: White

5. Color or race: White
6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Aug. 2nd 1856

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>28</u>	hr. j. min.

9. Birthplace: St. Louis

Missouri

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: Frederick Hugo

13. Birthplace: Germany

14. Maiden name: Jennie Redler

15. Birthplace: Germany

16. (a) Informant: George Heintze

(b) Address: 7361 Zephyr Ave.

17. (a) Burial (b) Date thereof: 12-2-1943

(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: Chas. W. Bell

(b) Address: 4457 Washington Bls.

19. (a) DEC 2 1943 (b) C. W. McSavran, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 28
to Nov 29 1943 to Nov 29 1943
that I last saw h 29 alive on Nov 29
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Arteriosclerosis

Due to: _____

Other conditions: _____

Major findings: _____
Of operations: _____
Of autopsy: 93d

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? _____
(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: S. F. Strecker (M. D. or other) _____
Address: 2901 W. Newell Date signed: 12/1/43

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

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.....

John Ketter

Licensed Embalmer No. 3880

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.