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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 11562

FILED JAN 3 1948 18  
 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: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(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. 3861 Botanical Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William James Hughes  
 3. (b) If veteran, name war \*\*\*\*\*  
 3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rosetta Hughes  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased January 24 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>28</u>	____ hr. ____ min.

9. Birthplace New York \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Merchandise Broker

11. Industry or business \_\_\_\_\_  
 12. Name William Hughes  
 13. Birthplace Ireland \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Healy  
 15. Birthplace Ireland \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Hughes  
 (b) Address 3861 Botanical Ave  
 17. (a) Burial (b) Date thereof Dec 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Petz Brothers  
 (b) Address 3029 Lafayette Ave  
 19. (a) DEC 23 1943 (b) J. F. Bredes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22,  
 year 1943 hour 11:40 minute \_\_\_\_\_ A.M.  
 21. I hereby certify that I attended the deceased from December  
19, 19 43 December 22, 19 43  
 that I last saw him alive on December 22, 19 43  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Branchia Pneumonia  
 Due to Influenza  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy as above

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  
 Signature William D. Day (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Ave. 12/22/43

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

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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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo

**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.**