S. No. 2
I—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12932

Primary Registration District No. 1003

Registrar's No. 4027

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital O (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: 000 17 9 19

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3622 Olive St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Dr. Nathan A. 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 Mabel Hughes

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 28, 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Wetumpka (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Asbury Hughes
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Lulu Letcher
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Mrs. Mabel Hughes

(b) Address 3622 Olive Sts.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grave Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 1 1944 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from April 17, 1944, to April 29, 1944, that I last saw him alive on April 29, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver c̄ ascites	6 mo
Due to Chronic Passive Congestion of Liver	1 yr (?)
Due to Chronic Arteriosclerotic Heart disease	3 yr (?)
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. R. Shieffler (M. D. ~~or other~~)

Address 634 N. Grand, St. Louis, Mo. Date signed 5-1-44

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 194

MAY 31 1944

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. 3722

P. O. Address 412 Duchouquette St.

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.