

**FILED SEP 8 1944**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis Mo  
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2613 De Kalb St # 1  
(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)

3. (a) PRINT FULL NAME SARAH HUGHES

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 10, 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name John Bell  
13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Hutter

(b) Address 2913a S. Broadway

17. (a) Removal-Motor (b) Date thereof Sept 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sorento Illinois

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

(b) Address 2201 S. Grand

19. (a) SEP 4 1944 (b) J.F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 923  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2613 DeKalb St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3  
year 1944 hour \_\_\_\_\_ minute 8 a. M.

21. I hereby certify that I attended the deceased from Sept 1  
1944 to Sept 2 1944  
that I last saw her alive on Sept 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of Uterus Duration more than 2 months  
Secondary Anaemia  
Due to Hemorrhage from Cancer  
Due to \_\_\_\_\_

Other conditions Infection of primary month  
(Include pregnancy within months of death)  
tract

Major findings: H&E  
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) 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geroy E. Collins (M. D. or other) MD  
Address 3610 So Broadway Date signed 9-3-44

844 (Licensed Embalmer's Statement on Reverse Side)

St Louis Mo

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

600 E. 10th

**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 4355 Washington Ave.

**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.**