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

#923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4546

Primary Registration District No. 1003

Registrar's No. 1132

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 2 mos-19days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3408 Cook Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

000 17 921

3. (a) PRINT FULL NAME Emma T. McHugh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John A. McHugh.

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

7. Birth date of deceased October (Month) 2, (Day) 1887 (Year)

8. AGE: Years 57 | Months 4 | Days 1 | If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name August A. Graham.
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cynthia Henderson
15. Birthplace North Carolina. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary McIntosh.
(b) Address 3408 Cook Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1945 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from 11/14/45, 19..., to 2/3/45, 19...; that I last saw her alive on 2/3/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of the cervix ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Permission Refused.

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Robert E. Holt, M.D. (M.D. or other)
Address 1515 Lafayette Date signed 2/3/45

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre.

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.