. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7838

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2877

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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. 2905 N. 14th St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Francis Hughes
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male
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 April (Month) 29 (Day) 1937 (Year)

8. AGE: Years	Months	Days	If less than one day
7	11	0	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Ira Hughes
FATHER 13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Gladys Noland
MOTHER 15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Gladys Cullen
(b) Address 2905 N. 14th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 30 1945 (Date received local registrar) (b) J. B. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 45 hour 7 minute 45 a.m.
21. I hereby certify that I attended the deceased from 3-9-45, 19, to 3-29-45, 19; that I last saw him alive on 3-29-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Uremia	
Due to Chronic Hemorrhagic Nephritis	
Due to	
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 Gilbert B. Forbes (M. D. or other)
Address 500 S. Kingshighway Date signed 3-29-45

(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.....

Licensed Embalmer No.....2971.....

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.