S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32005

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8946

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3026 LAWTON AVE. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST LOUIS
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3026 LAWTON AVE. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lottie Hughes
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 6 (Month) 13 (Day) 1898 (Year)

8. AGE: Years 47 Months 3 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation House Work
11. Industry or business .....
FATHER
12. Name Thomas Whitsett
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Pettis
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Leroy Whitsett
(b) Address 1730 N. Whittier
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Tenn.
18. (a) Signature of funeral director Bennie Lowe
(b) Address 3103 Washington
19. (a) OCT 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Oct year 1945 hour 10 minute 8 M.
21. I hereby certify that I attended the deceased from May 26 1945 to Oct 12 1945 that I last saw her alive on Oct 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio Vascular Disease — Duration 1 2 or 3 yrs
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) 93
Major findings: Of operations .....
Of autopsy M

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) M
(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 [signature] (M. D. or other)
Address 3136 Chouteau Date signed 10/16/45

(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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.