

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

FILED JAN 23 1948
Registration District No.

Primary Registration District No. **1003**

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:
3920 Fairfax Ave.
(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 42 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza J. Hughes

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

4. Sex Female 5. Color or race Negro

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 January 18 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Warrington Mo. state
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Kenner

13. Birthplace Missouri state
(City, town, or county) (State or foreign country)

14. Maiden name Martha Marshall

15. Birthplace Missouri state
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Naomi H. Oldham

(b) Address 3920 Fairfax Ave

17. (a) Burial (b) Date thereof 1-16-46
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Manuel

(b) Address 4059 Finney

19. (a) JAN 14 1948 (b) J. F. Brudeck
(Date received local health officer) (Registrar's signature)

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. 3920 Fairfax Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 13 day Jan
year 1946 hour 4 minute 15

21. I hereby certify that I attended the deceased from Jan 13 1946
that I last saw her alive on Jan 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Apoplexy

Due to La Grippe

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: Yes

(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 _____

23. Signature R. H. [Signature] (M. D. or other) _____
Address 1809 [Address] Date signed 1-14-46

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

2632

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.....

James A. Hussey

Licensed Embalmer No. *3322*

P. O. Address *3704 Family*

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.