

No. 5-43  
5-17-39  
I X38671

FILED FEB 7 1946  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 855

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: Peoples 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)

3. (a) PRINT FULL NAME Oscar Hughes

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

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Dec 20 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 0 \_\_\_\_\_ hr. min.

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

10. Usual occupation Laborer

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

MOTHER FATHER

12. Name UNK

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

14. Maiden name UNK

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

16. (a) Informant Theresa Parker

(b) Address 2928 Pine St

17. (a) Burial (b) Date thereof JAN 26 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director English Und Co

(b) Address 2931 Lucas Ave

19. (a) JAN 26 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220

(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 1132 N. 13th 259  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
year 1946 hour 3 minute 8 A.M.

21. I hereby certify that I attended the deceased from 1/4/46  
\_\_\_\_\_ 19 \_\_\_\_\_ to 1/22/46 19 \_\_\_\_\_  
that I last saw h. im alive on 1/22/46 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Contributory cause: Operated acute appendicitis  
and left inguinal hernia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy clinical

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 \_\_\_\_\_

23. Signature J. F. Bredek (M. D. or other) \_\_\_\_\_  
Address 3100a Lucas Ave. Date signed 1/24/46

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

2601

FEB 23 1946

**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.....

*Burleson English*

Licensed Embalmer No. *4201*

P. O. Address *2931 Lucas, W.B.*

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. OutRegistration District No. 318Primary Registration District No. 1003Registrar's No. 855

## 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:

(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 days3. (a) PRINT  
FULL NAME Oscar Hughes

3. (b) If veteran,
- 
- name war \_\_\_\_\_

3. (c) Social Security
- 
- No. \_\_\_\_\_

4. Sex
- m
5. Color or race
- B
- 
6. (e) Single, widowed, married,
- 
- divorced
- Widow

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

7. Birth date of deceased \_\_\_\_\_
- 
- (Month) (Day) (Year)

8. AGE: Years Months Days
- 
- 60
- \_\_\_\_\_
- 
- If less than one day
- 
- \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

## 10. Usual occupation \_\_\_\_\_

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

- MOTHER FATHER  
 { 12. Name \_\_\_\_\_  
 { 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 { 14. Maiden name \_\_\_\_\_  
 { 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_
- 
- (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_
- 
- (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b)
- J. F. Brebeck
- 
- (Date received local registrar) (Registrar's signature)
- 1945

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_
- 
- year
- 1945
- hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_
- 
- to \_\_\_\_\_, 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

2631

SUPPLEMENTARY

Duration

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

429