

FILED APR 5 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2958

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME JAMES HUGHES

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

4. Sex Male  
5. Color white  
6. (a) Single, widowed, married, divorced, widower  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 23, 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 5  
If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business

MOTHER, FATHER {  
12. Name James Hughes  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Abbott  
(b) Address 4539 Ruskin

17. (a) Burial (b) Date thereof 3/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bros.  
(b) Address 2849 N. Euclid

19. (a) MAR 29 1946 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 1000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4052 Olive St. Memorial  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1946 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from 3/26/46  
19 to 3/28/46 19  
that I last saw him alive on 3/28/46 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Vascular Accident 2 days  
Duration  
Due to Hypertensive cardio-renal  
Clear? yrs.

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?

While at work? (Specify type of place) Means of injury  
23. Signature J. F. [Signature] M.D.  
Address 1515 Lafayette  
Date signed 3/28/46

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

10167

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**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

*Robert L. Gunkman*

Licensed Embalmer No. 3553

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.**