

FILED MAR 18 1945
318

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2252**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 days
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Hughes

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 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 Nov. 15
(Month) (Day) (Year)

8. AGE: abt. 88
Years Months Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER {
12. Name James Butler
13. Birthplace Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Robertson
15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Lilla Glenn

(b) Address 3325 - Randolph St

17. (a) Burial (b) Date thereof Mar 9 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lambert

19. (a) MAD O 318 J. F. Brebeck
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 400 S Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1946 hour 5 minute 55A M.

21. I hereby certify that I attended the deceased from Jan. 3 1946 to Mar. 4 1946
that I last saw her alive on Mar. 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho Pneumonia; Dry Gangrene of both lower Extremities

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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 O. J. Ayer (M. D. or other)
Address 2607 N. Webster Date signed _____

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

10168

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 *Lyda Hughes*
Licensed Embalmer No. *2938*
P. O. Address *St Louis mo*

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.