

No. 2
-12-45
-5-17-39
I X47070

FILED MAY 1 1947
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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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:
Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Felix A. Hugh
 3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sula 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased January 13th, 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 3 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Machinery Dealer

11. Industry or business _____

MOTHER FATHER

12. Name John Hugh

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

14. Maiden name Sophia Genz

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

16. (a) Informant Sula Hugh

(b) Address 5229 S. Kingshighway, St. Louis, Mo.

17. (a) burial (b) Date thereof Apr. 13, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldule H. & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) APR 17 1947 (b) J. F. Bredick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5229 So. Kingshighway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
 year 1947 hour 7 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Apr 14 1947 to Apr 16 1947
 that I last saw him alive on Apr 16 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Coronary thrombosis
Arteriosclerosis
Congestive heart failure
 Due to _____
 Due to _____
 Other conditions Congestive heart failure
 (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) Means of injury 0
 23. Signature W. Hoffmann (M. D. or other) _____
 Address 4065 Eu Blvd Date signed 16 Apr 47

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

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 Wheeler

Licensed Embalmer No. 2128

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.