

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME Lora Hughes Squire

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife R. Harold Squire 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: April 29 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Virgil A. Hughes 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lora Abbingon
15. Birthplace Forestill, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant R. Harold Squire

(b) Address 732 Interdrive

17. (a) burial (b) Date thereof June 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) JUN 24 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 732 Interdrive
(If rural, give location) 5
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 8: minute 24 A. M.

21. I hereby certify that I attended the deceased from June 14, 1947 to June 22, 1947;
that I last saw her alive on June 21, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of large bowel ?
Duration ?

Due to.....

Due to.....

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) (e) Means of injury.....

23. Signature Barth H. Klein (M. D. or other) MD
Address 2632 1/2 Kings Highway Date signed 6-23-47

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

70
17
9

Dr. Thine
2632 So Kings
10400
La 70705

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 Thomas R. Dewick

Licensed Embalmer No. 3793

P. O. Address. 6175 Delmar

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.