S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39784

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11098

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

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 (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4304 Fairfax Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL HUGHES
3. (b) If veteran, name war --
3. (c) Social Security No. 490-01-7315

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florida
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. (Month) 12 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Marianna (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Porter
11. Industry or business --

FATHER
12. Name Price Hughes
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Fannie Marsh
15. Birthplace Phillips Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Florida Hughes
(b) Address 4304 Fairfax Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) DEC 3 - 1947 (Date received local registrar) J. F. Brescick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M.D., or other)
Address 1300 Clark Ave. Date signed 12-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1948

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 John Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.