No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10302

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2579

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

1. PLACE OF DEATH:

(a) County ST. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En route Homer Phillips Hosp. 4-5-23rd St. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 521a So. 23rd St (If rural, give location) 9

(e) Citizen of foreign country? 22 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BARBARA GEAN. HUGHES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Inf. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN (Month) 12 (Day) 1948 (Year)

8. AGE: Years | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Inf

11. Industry or business

FATHER
12. Name EDWARD J. HUGHES.
13. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name VERNA G. SIMON.
15. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant VERNA HUGHES
(b) Address 521a So 23rd St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. GREEN
(b) Address 4214 DELMAR Blvd

19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 11 year 1948 hour minute 3 30 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: Broncho pneumonia; Empyema.	
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 Patrick E. Taylor Dep. Cor (M.D. or other)

Address 1300 Clark Date signed 3-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Clifton H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed E. A. GREEN

Licensed Embalmer No. 2963

P. O. Address 4214 DELMAR, BLVD

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.