S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 23 1948 318 1003

State File No. 14238

Registration District No. .....

Primary Registration District No. .....

Registrar's No. 3559

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

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: 6140 Westminister
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

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

(d) Street No. 6140 Westminster 9
(If rural, give location)

5 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME C. Walter Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Nelle English Hughes

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 3 (Day) 1858 (Year)

8. AGE: Years 89 Months 10 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired, Credit Mgr

11. Industry or business National Lead Co.

FATHER
12. Name Joshua Wells Hughes
13. Birthplace ..... Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almira Louise Martin
15. Birthplace ..... Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine W. Woodward
(b) Address 619 Westwood Drive

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 4:00 minute 8 M.

21. I hereby certify that I attended the deceased from several years, 19..., to ..., 19...
that I last saw him alive on April 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses

Due to arterio sclerosis

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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 0

23. Signature Samson Wennerman (M. D. or other)

Address No. Theater Bldg Date signed 4-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hammond
634 N. Grand
2-4 PM C

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 Lenwick

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.