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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 142411
Registrar's No. 4727

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether years, months or days)
In this community 64 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4919a Blow 9
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Emma Hugo
3. (b) If veteran, name war ----------
3. (c) Social Security No. 486-20-4139

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Hugo
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February (Month) 2 (Day) 1884 (Year)

8. AGE: Years 64 Months 2 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 2
10. Usual occupation Dress Operator
11. Industry or business Dress Mfgr.
MOTHER FATHER
12. Name John Gravel
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Margaret Kuster
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Charles Hugo
(b) Address 4919a Blow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Ave.
19. (a) APR 29 1948 (Date received local registrar) (b) J. F. Broeseck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27 year 1948 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Oedema; local anesthesia; while undergoing an examination for a hyperthroidism at Missouri Baptist Hospital, on April 27th, 1948.
Due to
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 000
(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? NO (e) Means of injury see above
23. Signature Albert Perry (M. D. or other) 3
Address Date signed 4/29/48

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 _____ Registered Apprentice No. _____ working under my personal supervision.

Signed Neal le Paulsen

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis 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.