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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 14 1948
317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21727
Registrar's No. 1652

Registration District No. 317
Primary Registration District No. 6576

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 Days
In this community 89 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1725a Oregon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MC HUGH, Edward J.

3. (b) If veteran, name war WW-1 3. (c) Social Security No. 498 03 7506

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased December 9 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 26 hr. min.

9. Birthplace Bangor, Maine
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business _____

12. Name James McHugh

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary O'Brien

15. Birthplace Dublin, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (b) Date thereof July 8-48
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Schnur Pu. Home

(b) Address 3125 Lafayette, St. Louis, Mo.

19. (a) 2-7-48 (b) Beila J. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
year 1948 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1948 to July 5, 1948; that I last saw him alive on July 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Empyema Esential

Contributory cause: BRONCHITIS, RENAL FAILURE

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations None

Of autopsy No Autopsy performed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None

(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) (Means of injury)

23. Signature L.E. Stilwell (M.D.)

Address Jefferson Barracks, Mo. Date signed 7/6/48

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Jon B. Vollmer
Licensed Embalmer No. 21014
P. O. Address 3195 Lopez Rd

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.