

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

27841
State File No. _____
Registrar's No. **7195**

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

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution: St. Lukes 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 _____
years, months or days

3. (a) PRINT FULL NAME Joseph Patrick Hughes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hannah Hughes

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 20, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Platform Foreman

11. Industry or business St. Louis Southwestern R. R.

12. Name Patrick Hughes

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

14. Maiden name Annie Mangan

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

16. (a) Informant Mrs. Hannah Hughes

(b) Address 4147a Flad Ave.

17. (a) Burial (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl

19. (a) AUG 16 1948 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

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. 4147a Flad Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 15
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1945 to Aug. 15, 1948
that I last saw him alive on Apr. 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Duration 3 hours

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature Alvin L. Huggins (M. D. or other) M.D.

Address 3720 Washington Date signed 8/16/48

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

MOTHER FATHER

*Dr. Norman August
Bevermont Ridge
3720 Washington*

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 *James R. Dunn*
.....
Licensed Embalmer No. *4527*
P. O. Address *2201 S Grand*

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.