

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

27842
State File No. 7018
Registrar's No.

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..... **St. Louis City Sanitarium**
(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)

3. (a) PRINT FULL NAME..... **MARGARET HUGHES**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... **February 1, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 7 hr. min.

9. Birthplace..... **Shelby Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business..... **Civil Service Employee**

12. Name..... **Matthew Hughes**

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

14. Maiden name..... **Mary E. Unknown**

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

16. (a) Informant..... **Alvin J. McFarland**

(b) Address..... **706 Chestnut St.**

17. (a) Burial (b) Date thereof..... **8-11-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Monroe City, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) AUG 10 1948 (b) **J. T. Bledsoe**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

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. **5400 Arsenal St.**
(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..... **8**
year..... **1948** hour..... **7.07** minute..... **P** M.

21. I hereby certify that I attended the deceased from..... **Jan. 1st** to..... **August 8, 1948**
that I last saw her alive on..... **August 8, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... **Cancer of the Pancreas** 1948x

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... **Yes**

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?..... (Specify type of work)

23. Signature..... **Jack K. Bledsoe** (M. D. or other)

Address..... **5400 Arsenal St.** Date signed..... **8/9/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Henry M. Brammer

Licensed Embalmer No.

4200

P. O. Address

St. Louis

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.