No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34939

State File No. 2

Registration District No. 317

Primary Registration District No. 3666

Registrar's No. 2354

MED. OFF. IN TEMP. CHARGE

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
U. S. MARINE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2515 Kentland Ave. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARSHALL LEONARD HUGHES

3. (b) If veteran, name war W.W. II

3. (c) Social Security No. 331-09-8727

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Dorothy Perzigian

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased June 7th, 1909
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business Hoorman Elec. Company

FATHER
12. Name Thomas Joseph Hughes
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Mitchell
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant U.S. Marine Hospital Clinical
(b) Address Records.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 10-12-48 (Date received local registrar) (b) Cecil A. G. Strang M.D. (Registrar's signature) RC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1948 hour 6:45 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 27, 1948, to Oct. 10th, 1948
that I last saw him alive on Oct. 10th, 1948, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 wks
Due to Glomerulonephritis, subacute	undet.
Due to 93d	
Other conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	undet

Major findings:
Of operations none
Of autopsy same as above

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X (Specify type of place)

While at work? (X) (e) Means of injury X

23. Signature V. J. Dorset, Sr. Surg. (M. D. or other)
Address U.S. Marine Hospital, Kirkwood, Mo. Date signed 10/11/48

(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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.