

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38857

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10132

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) 25 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Phillips 61

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston  
d. STREET ADDRESS (If rural, give location) 6231 Spencer Pl.

3. NAME OF DECEASED  
a. (First) Mitchell b. (Middle) \_\_\_\_\_ c. (Last) Hughes  
4. DATE OF DEATH (Month) (Day) (Year) November 21, 49

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH July 2, 1897 9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 4 Days 19 IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor  
10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.  
11. BIRTHPLACE (State or foreign country) McCool, Mississippi  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Hughes 13b. MOTHER'S MAIDEN NAME Annie Meeks 14. NAME OF HUSBAND OR WIFE Alberta Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World one 16. SOCIAL SECURITY NO. 329-10-6430 17. INFORMANT'S SIGNATURE OR NAME Alberta Hughes ADDRESS 6231 Spencer Pl.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion  
DUE TO (c) Coronary Sclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick B. Taylor (Degree or title) Coroner 23b. ADDRESS 1300 - Clark Ave. 23c. DATE SIGNED 11/25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 29, 1949 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG. NOV 25 1949 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. ... ADDRESS Jefferson Barracks Mo.

4019 Washington

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

*made*

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Arthur L. Holliard*

Licensed Embalmer No. *4221*

P. O. Address *4048 St. Terence*

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.