

FILED JAN 26 1950
#105272

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2623**
Registrar's No. **385**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>		STREET ADDRESS (If rural, give location) <i>1701 Nicholson Pl. St. Louis Mo.</i>	

3. NAME OF DECEASED (Type or Print)

a. (First) RAYMOND	b. (Middle)	c. (Last) HUGHES	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11th, 1950
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>May 14 '32</i>	9. AGE (In years last birthday) <i>17</i>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>shipping clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>shipping</i>		11. BIRTHPLACE (State or foreign country) <i>Washington Co. Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME *Homer Hughes* 13b. MOTHER'S MAIDEN NAME *Regina Kitowski* 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *no* 16. SOCIAL SECURITY NO. *500-52-8512* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Regina Hughes, 1701 Nicholson Pl.*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Uremia*

ANTECEDENT CAUSES (b) *glomerulonephritis*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS (c) _____

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) *570K*

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

22. I hereby certify that I attended the deceased from 1/10/50, 1950, to 1/11/50, 1950, that I last saw the deceased alive on 1/11/50, 1950, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *John Murphy Jr. MD* 23b. ADDRESS *1515 Lafayette Ave.,* 23c. DATE SIGNED *1/12/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Nashville* 24b. DATE *Jan 14 1950* 24c. NAME OF CEMETERY OR CREMATORY *Poser Catholic* 24d. LOCATION (City, town, or county) (State) *Bala. Sub. Wash. Co. Ill.*

DATE REC'D BY LOCAL REG. *JAN 13 1950* REGISTRAR'S SIGNATURE *R.B. Lassiter* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *J. Mann Nashville Ill.*

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ray W Wilbinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo.

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.