

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14639

State File No.

3621

| | | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3621 | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or town Saint Louis) | | c. LENGTH OF STAY (In this place) 4 days | | c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | | 41195 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | d. STREET ADDRESS (If rural, give location) 1707 Del Norte | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | | b. (Middle) Lee | | c. (Last) Hughes | | 4. DATE OF DEATH (Month) (Day) (Year) April 19, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH April 8, 1866 | | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months - Days 11 | IF UNDER 24 HRS. Hours - Min. - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist | | 10b. KIND OF BUSINESS OR INDUSTRY Southwest Drug Co. | | 11. BIRTHPLACE (State or foreign country) Glasgow, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |
| 13a. FATHER'S NAME Wm. Joseph Hughes | | | 13b. MOTHER'S MAIDEN NAME Cornelia Collins | | 14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Neel | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 497-16-1677 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Otto R. Rice 1707 Del Norte | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 4201 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 4/15/50 , 19 50 , to 4/19/50 , 19 50 , that I last saw the deceased alive on 4/19 , 19 50 , and that death occurred at 4:10 a.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE E. H. Bowdoin M. D. | | | | 23b. ADDRESS Mo. Theatre Bldg. | | 23c. DATE SIGNED 4/19/50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/21/50 | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri | | | |
| DATE REC'D BY LOCAL REG. APR 20 1950 | | REGISTRAR'S SIGNATURE J. B. Lanster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1/2/11

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 *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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.