V.S. No. 300
Rev. 10.48

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

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28313

State File No. 28313

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7103

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2743 Cole Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): 2743 Cole Street

3. NAME OF DECEASED (Type or Print)
a. (First): Sam
b. (Middle):
c. (Last): Hughes

4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 2 1907

9. AGE (In years last birthday): 43 — If under 1 year: Months 0, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Miss. Glass Co.

11. BIRTHPLACE (State or foreign country): Carbon Hill, Alabama

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Milton Hughes

13b. MOTHER'S MAIDEN NAME: Manda Truell

14. NAME OF HUSBAND OR WIFE: Daisy Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 235 - 07-3849

17. INFORMANT'S SIGNATURE OR NAME: Daisy Hughes **ADDRESS:** 2743 Cole Street

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Hypertension

DUE TO (c)

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? HHD X

22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Aug. 18, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Young (Degree or title) M.D.

23b. ADDRESS: 3337 Market

23c. DATE SIGNED: 8-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 22, 1950

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG. AUG 21 1950

REGISTRAR'S SIGNATURE: J. B. Sanders

25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son **ADDRESS** 3133 Bell Ave.

(Licensed Embalmer's Statement on Reverse Side)

Mars

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Choutean

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.