

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6231

FILED MAR 2 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1569**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **1 yr.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2113**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips**

f. STREET ADDRESS (If rural, give location) **4582 Cote Brilliante**

3. NAME OF DECEASED a. (First) **Annie** b. (Middle) **C** c. (Last) **Hughes**

4. DATE OF DEATH (Month) (Day) (Year) **Feb. 15 1951**

5. SEX **Female** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **U**

8. DATE OF BIRTH **7-1-1949**

9. AGE (In years last birthday) **1** 10. UNDER 1 YEAR Months **1** Days **1** 11. UNDER 1 HR. Hours **1** Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Alabama**

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

13a. FATHER'S NAME **Willeffe Hughes**

13b. MOTHER'S MAIDEN NAME **Lillie Mitchel**

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Lillie Hughes - 4582 Cote Brilliante**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hydrocephalus (severe)**  
ANTECEDENT CAUSES  
DUE TO (b) **Undetermined**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Malnutrition**

INTERVAL BETWEEN ONSET AND DEATH **Life**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **752X**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., to 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? **Push**

22. I hereby certify that I attended the deceased from **1-30**, 19 **51**, to **2-15**, 19 **51**, that I last saw the deceased alive on **2-15**, 19 **51**, and that death occurred at **2:11p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John Reeves M. D.**

23b. ADDRESS **2601 N Whittier St**

23c. DATE SIGNED **2-16-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIED**

24b. DATE **2-16-51**

24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cem.**

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

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **FEB 16 1951 [Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Manuel L 4059 Finney Av.**

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

BRILLIANTE

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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.....

By Not Embalmed..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

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.