

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6233**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1009** Registrar's No. **1911**

1. PLACE OF DEATH
a. COUNTY **5800 Arsenal St.**
b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis, Mo.**
c. LENGTH OF STAY (In this place) **7 Mo. 27 Da**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **2179**

d. FULL NAME OF HOSPITAL OR INSTITUTION **CITY INFIRMARY**
4. STREET ADDRESS (If rural, give location) **3709 MANOLA AVE.,**

3. NAME OF DECEASED
a. (First) **FRANK** b. (Middle) **LOUIS** c. (Last) **HUGHES**
4. DATE OF DEATH (Month) (Day) (Year) **2 26 51**

5. SEX **M. 0** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **DIVORCED**
8. DATE OF BIRTH **Feb. 7, 1889** 9. AGE (In years last birthday) **62** 10. MONTHS **26** 11. DAYS **51**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Watchman**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **St. Louis, Mo. 0**
12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **THEODORE HUGHES** 13b. MOTHER'S MAIDEN NAME **CAROLINE LOURENT** 14. NAME OF HUSBAND OR WIFE **Harriet Barnes, Betty Adams.**

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. _____
17. INFORMANT'S SIGNATURE OR NAME **CITY INFIRMARY RECORDS.** ADDRESS **5800 Arsenal St.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CEREBRAL, VASCULAR Episode**
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) **C N S LES**
DUE TO (c) **H C V D**

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **026A**

22. I hereby certify that I attended the deceased from **8-28-50**, 19 **50**, to **2/25/**, 19 **51**, that I last saw the deceased alive on **2/25**, 19 **51**, and that death occurred at **12:45 AM** from the causes and on the date stated above.

23a. SIGNATURE **J. B. Lasater** (Degree or title) _____ 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **2-26-51.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-27-1951** 24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis CO. Missouri**

DATE REC'D BY LOCAL REG. **FEB 27 1951** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Cullinane Bros.** ADDRESS **3320 N. Kingshighway**

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

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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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

NOT EMBALMED

Signed Fred Frick.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3186.....

P. O. Address St. Louis, Missouri.....

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. EX-100-11222

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