

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6236**

FILED MAR 2 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1604**

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

| | | | |
|---|-----------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2159 | |
| c. LENGTH OF STAY (in this place) 22 yrs | | d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary | |
| e. STREET ADDRESS 3307 Market Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Nellie | | b. (Middle) | |
| c. (Last) Hughes | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951 | |
| 5. SEX Fem 3 | 6. COLOR OR RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 26, 1890 |
| 9. AGE (In years last birthday) 60 | | 10. KIND OF BUSINESS OR INDUSTRY | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 11. BIRTHPLACE (State or foreign country) Georgia | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Newt Freeman | |
| 13b. MOTHER'S MAIDEN NAME Elmira Parks | | 14. NAME OF HUSBAND OR WIFE Wallace Hughes | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Wallace Hughes, 3307 Market Street | | ADDRESS | |
| 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. | | <p style="text-align:center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema</p> <p>ANTECEDENT CAUSES Elder Mrs. Thelma. Called Dr. Britz, while undergoing an operation at St. Mary's Infirmary on Feb 14, 1951</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 250 X | | | |
| 22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:50 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Nathaniel L. Taylor Coroner | | 23b. ADDRESS 31300 Clark | |
| 23c. DATE SIGNED 2. 15. 51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 15 | | 24b. DATE 2/18/51 | |
| 24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington | | 24d. LOCATION (City, town, or county) (State) Centerville Twp., Ill. 17.51 | |
| DATE REC'D BY LOCAL REG. FEB 17 1951 | | REGISTRAR'S SIGNATURE J. B. Karater | |
| 25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green | | ADDRESS 3517 LaClede Avenue | |

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin E. Gue*
Licensed Embalmer No. *4428*

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.