

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. 21268

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5263

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 town) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) OR TOWN St. Louis 2189		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189		STREET ADDRESS (If rural, give location) 4261a Manchester Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1								
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) HENDERSON		c. (Last) HUGHES		4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 25, 1875		9. AGE (In years last birthday) 76		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (State or foreign country) Ste Genevieve Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Hughes			13b. MOTHER'S MAIDEN NAME Sarah Jerrall		14. NAME OF HUSBAND OR WIFE Ella Hughes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Roy J. Hughes, 3733 Melba Place				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the pancreas DUE TO (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.				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 <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? 157X				
22. I hereby certify that I attended the deceased from 5-24-51, 19__, to 6-7-51, 19__, that I last saw the deceased alive on 6-7-51, 19__, and that death occurred at 3:30 A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Maurice J. Louwage, M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-7-51		24c. NAME OF CEMETERY OR CREMATORY Desloge, Missouri		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUN 8 1951		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Boyer - Desloge, Missouri.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.