

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21609

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2418</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 Mo</u>		c. CITY OR TOWN <u>Flat River</u>		<u>0942</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>301 Haney</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Gordon</u>		c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11, 1894</u>		9. AGE (In years last birthday) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Judge</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>		11. BIRTHPLACE (State or foreign country) <u>Bellegrade, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Hatridge</u>			14. NAME OF HUSBAND OR WIFE <u>Laura Jane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Huches, Mark Twain, Hotel</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcer stomach - Perforation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis with uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>2 days.</u>	
19a. DATE OF OPERATION <u>6/7/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforation stomach</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) <u>St. Louis Co. Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>540.1</u>					
22. I hereby certify that I attended the deceased from <u>3/11/1957</u> , to <u>6-11-1951</u> , that I last saw the deceased alive on <u>6-11-1951</u> , and that death occurred at <u>10:47 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph L. Lucido M.D.</u> (Degree or title)				23b. ADDRESS <u>Mo. Theetie Bldg</u>		23c. DATE SIGNED <u>6-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Flat River, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-12-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Sombke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>					

(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

John J. Hines

Licensed Embalmer No. *4108*

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.