

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29009

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2856

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri. <i>4015</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights,	c. LENGTH OF STAY (If this place) 17 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City, <i>4356</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital..		d. STREET ADDRESS (If rural, give location) 1549 Moore Place.	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) EVAN c. (Last) HUGHES.			4. DATE OF DEATH (Month) (Day) (Year) August 5, 1951.		
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married.	8. DATE OF BIRTH October 12, 1893.	9. AGE (In years last birthday) 57.	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law.		10b. KIND OF BUSINESS OR INDUSTRY Self employed.		11. BIRTHPLACE (State or foreign country) Chicago, Illinois.	

13a. FATHER'S NAME William Hy Hughes.	13b. MOTHER'S MAIDEN NAME Ida Evans.	14. NAME OF HUSBAND OR WIFE Charlotte L. Hughes.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes. W.W.I.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs A. Evan Hughes.	ADDRESS 1549 Moore Place.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Arterio Sclerotic Renal Disease</i>		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) <i>Myocarditis</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>442X</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 15-1951, to Aug 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. Buchanan</i>	23b. ADDRESS 35 N. Central	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 8/8/51.	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
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DATE REC'D BY LOCAL REG. 8/7/51	REGISTRAR'S SIGNATURE <i>Robert P. Limke</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Impton & Sons, 7233 Delmar Blvd.,	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

PA:6425

Wed 10

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.