

No. 300 FILED MAR 29 1952

10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10288
2510

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL			d. STREET ADDRESS (If rural, give location) 1717 THURMAN AVE					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) JOSEPH c. (Last) McHUGH			4. DATE OF DEATH (Month) (Day) (Year) MARCH 15, 1952					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH FEB. 9, 1894		
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS PUBLIC SERVICE		11. BIRTHPLACE (City and State or Foreign Country) FLINT HILL, MO.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN McHUGH		13b. MOTHER'S MAIDEN NAME MARY McCORMICK		14. NAME OF HUSBAND OR WIFE LAURA McHUGH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.I 494-01-0411		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA McHUGH 1717 THURMAN AVE				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Disease of Coronary Arteries DUE TO (c) Acute Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Duodenal Ulcers				INTERVAL BETWEEN ONSET AND DEATH 5 Mon. D.K. 3 wks 20 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Acute Hepatitis - Duodenal Ulcers				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Dec 1951, to 3/15, 1952, that I last saw the deceased alive on 3/14, 1952, and that death occurred at 5:00 A. M., from the causes and on the date stated above.								
23a. SIGNATURE John A. Rogers (Degree or title)				23b. ADDRESS 6693 Delmar		23c. DATE SIGNED 3-15-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 18, 1952		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM. JDC		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.		
DATE REC'D BY LOCAL REG. MAR 17 1952		REGISTRAR'S SIGNATURE Paul Smith md		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Robert R. + Co.		ADDRESS 1905 So. GRAND		

(Licensed Embalmer's Statement on Reverse Side)

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

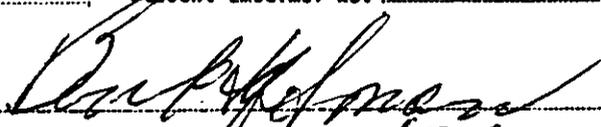
STATEMENT BY LICENSED EMBALMER

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. 4366

P. O. Address Waverly 2nd

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.