

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36503

FILED OCT 21 1952

State File No. _____
Registrar's No. **9121**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 9121	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2042 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1217 Childress Ave.				d. STREET ADDRESS (If rural, give location) 4 1217 Childress Ave.			
3. NAME OF DECEASED (Type or Print) Evan		a. (First)		b. (Middle)		c. (Last) Hughes	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Nov. 7, 1881	
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Guard (Retired)		10b. KIND OF BUSINESS OR INDUSTRY City Art Museum		11. BIRTHPLACE (City and State or Foreign Country) North Wales, N. C.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Hughes		13b. MOTHER'S MAIDEN NAME Sarah Clay		14. NAME OF HUSBAND OR WIFE Margaret Hughes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-3408375A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Hughes 1217 Childress Av			
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) Rheumatic heart disease INTERVAL BETWEEN ONSET AND DEATH 4 years ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		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? 4348			
22. I hereby certify that I attended the deceased from July , 1951, to Sept , 1952, that I last saw the deceased alive on Sept 29 , 1952, and that death occurred at 11:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Norman P. Knowlton MD				23b. ADDRESS 3720 Washington Blvd Barnes Hospital St. Louis		23c. DATE SIGNED 9/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. OCT 1 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

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

In witness whereof, I have hereunto set my hand and the seal of the Department of Health of Missouri, at St. Louis, Missouri, this 30th day of September, 1952.

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 *Edwin A. M. Bennett*

Licensed Embalmer No. 3024

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.