

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11746

State File No. ....

FILED APR 4 1953

318

1003

Registrar's No. 3153

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3153	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead City Hospital				d. STREET ADDRESS (If rural, give location) #1 // 3807 Cook Avenue 0			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Joseph			c. (Last) Hughes	
4. DATE OF DEATH 3-20-1953		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	
8. DATE OF BIRTH April 17, 1933		9. AGE (In years last birthday) 19		10. MONTH (Day) (Year) 11   2   1953		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Swift Packing Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
13a. FATHER'S NAME James Hughes			13b. MOTHER'S MAIDEN NAME Ruth Moore			14. NAME OF HUSBAND OR WIFE	
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. 495-32-6704		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth M. Hughes, 3807 Cook 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) Aspiration of blood from gun shot wound of the right external carotid artery communicating with larynx, suffered when shot with gun in hands of one Mack Harding in pool room at 584 1/2 Finney Ave., about 12:10 a.m. Mar 21, 1953 Homicide				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pool room		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar 21 5:30 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E981X				22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 12:25 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 3/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-1953		24c. NAME OF CEMETERY OR CREMATORY Washington Park, Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. MAR 24 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Address Peoples Und. Co., 3100 Franklin Ave.			

(Licensed Embalmers' Statements on Reverse Side)

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

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**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.