

STANDARD CERTIFICATE OF DEATH

State File No. 2480

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FILED FEB 8 1954 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u> c. LENGTH OF STAY (In this place) <u>4 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>2549</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> d. STREET ADDRESS (If rural, give location) <u>4248 Shenandoah</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>T.</u> c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 9-1879</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worked in Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Foristell MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital Employee</u>	13a. FATHER'S NAME <u>Thomas Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Hughes Deceased</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>560-36-9672</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ottie Kernenbrock Wentzville MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 second</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Block</u> <u>3 months</u> DUE TO (c) <u>Arteriosclerosis of the HA</u> <u>?</u> 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)	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 <u>9/24, 1953</u> , to <u>10/28, 1953</u> , that I last saw the deceased alive on <u>28 Dec</u> , 1953, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert C. Rodman, M.D.</u>		23b. ADDRESS <u>4007a W. Louisiana</u>	23c. DATE SIGNED <u>1/18/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>Jan 20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville MO</u>
DATE REC'D BY LOCAL REG. <u>Jan 25 1954</u>	REGISTRAR'S SIGNATURE <u>Marie F. Buff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.E. PITMAN Funeral Home</u> <u>Wentzville MO</u>	

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

2 FEB 2 1953

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 *Annitta M. Pittman*

Licensed Embalmer No. *3055*

P. O. Address *Cherryville, N.C.*

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.