

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13591

FILED APR 26 1954

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3357</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Deaconess Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4570 Ruskin Ave. 2079</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Thomas</b>		c. (Last) <b>Hughes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1954</b>	
5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Never married</b>		8. DATE OF BIRTH <b>August 19, 1903</b>	
9. AGE (In years last birthday) <b>50</b>		10. UNDER 1 YEAR <b>7</b>		11. UNDER 1 MIN. <b>24</b>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) <b>Salesman Velvet Freeze Ice Cream Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>DISTRY</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>John J. Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brennan</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-12-8659</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anastasia M. Brennan</b>	
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) <b>Carcinoma of prostate</b>  ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>	
19a. DATE OF OPERATION <b>9-6-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>177X</b>			
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 <b>8-25-50</b> , to <b>4-13-54</b> , 19____, that I last saw the deceased alive on <b>4-12-54</b> , 19____, and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>				23b. ADDRESS <b>607 N. Grand, St. Louis, Mo.</b>		23c. DATE SIGNED <b>4-14-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>APR 15 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FEDERAL BUREAU OF INVESTIGATION SIGNATURE <b>[Signature]</b>		ADDRESS <b>1225 Union</b>	

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.....  
Signature of Student Embalmer

Signed *Melvin J. Kemp*.....

Licensed Embalmer No. *403*.....

P. O. Address *3505 Olive*.....

*St. Louis 20*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.