No. 300
10.48

FILED OCT 13 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31409

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 440 Registrar's No. 43

0810

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. James
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soldiers Home Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: St. James
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0810

**3. NAME OF DECEASED** (Type or Print)
a. (First): Darius
b. (Middle):
c. (Last): McHugh

**4. DATE OF DEATH** (Month) (Day) (Year): Oct 5 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): unknown
**8. DATE OF BIRTH**: Oct 25 1893
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11 Days 10 — IF UNDER 24 HRS.: Hours Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): unknown
**10b. KIND OF BUSINESS OR INDUSTRY**: unknown
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: unknown
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Soldiers Home St. James, Missouri

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Atherosclerosis — Years
DUE TO (c) Diabetes Mellitus — Years

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**: 2600X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 16, 19 53, *to* Oct 5, 19 54, *that I last saw the deceased alive on* 10-5-54, 19 ____, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title): John A. Grosstreuck MD
**23b. ADDRESS**: St. James
**23c. DATE SIGNED**: 10-6-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10-6-54
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: Oct 6, 1954
REGISTRAR'S SIGNATURE: Ruth B Powell 479
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: C. Jesse Bohr St. James, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed OCT 21 1954

OCT 13 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. Jesse Gohr

Licensed Embalmer No. 448

P. O. Address St. Jam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.