

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32373**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **2233**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY OR TOWN University City	
c. LENGTH OF STAY (In this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7226 Forsyth Blvd.		e. STREET ADDRESS (If rural, give location) 7226 Forsyth Blvd.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Eugenia	b. (Middle) C.	c. (Last) Hughes	(Month) (Day) (Year) Sept. 21, 1954
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Sept. 20, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk - Circulation Dept. Post-Dispatch		10b. KIND OF BUSINESS OR INDUSTRY Circulation Dept. Post-Dispatch	9. AGE (In years last birthday) Months Days 76 0 12
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William Hughes	13b. MOTHER'S MAIDEN NAME Katherine Murphy	14. NAME OF HUSBAND OR WIFE NONE
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. 494-09-1695	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Dan Klinglesmith, S. Geyer Rd., Kirkwood

18. CAUSE OF DEATH (Give only one cause per paragraph (a), (b), and (c)) <i>This does not mean "Dying," such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Dis DUE TO (c) Hypertensive Vasc Dis		? yrs ? yrs
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 4200	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 **July, 1950** to **Sep 21, 1954**, that I last saw the deceased alive on **Sep 17, 1954**, and that death occurred at **9A m.**, from the causes and on the date stated above.

23a. SIGNATURE Ka Kusella	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 9/21/54
-------------------------------------	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	------------------------------------	---	--

DATE REC'D BY LOCAL REG. 9/22/54	REGISTRAR'S SIGNATURE Richard S. Donnelly	25. FUNERAL DIRECTOR'S SIGNATURE Mr. J. Donnelly	ADDRESS 3840 Pine Hill Blvd
--	---	--	---------------------------------------

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

JAN 6 1955

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 me....., Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed W. H. Lefler.....

Licensed Embalmer No. 469.....

P. O. Address 5846 Lefler.....

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.