

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39448
Registrar's No. 2448

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton, Mo.</u>	c. LENGTH OF STAY (in this place) <u>1 mo, 7 da.</u>	c. CITY OR TOWN <u>Richmond Heights</u>	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 <u>St. Louis Co. Hospital</u>		STREET ADDRESS (If rural, give location) <u>8011 Elinore</u>	

3. NAME OF DECEASED (Type or Print) <u>Wallace</u>	a. (First)	b. (Middle)	c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>12-11-85</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Various Homes</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Starksville, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Belton Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Hughes</u>
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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>497-09-3618</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal McGill (daughter) 8011 Elinore</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		<u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> ? DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular Disease</u> ?			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 13, 1954, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cooper Kay M.D.</u> (Degree or title)	23b. ADDRESS <u>601 E. Brewwood Clayton</u>	23c. DATE SIGNED <u>10-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/23/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/21/54</u>	REGISTRAR'S SIGNATURE <u>Hebeed R. ...</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Riley Undertakers - 3759 Finney Ave. St. Louis 13, MO.</u>
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(Licensed Embalmer's Signature on Reverse Side)

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 *Lawrence Woodrow*.....

Licensed Embalmer No. *431*.....

P. O. Address *St. Louis, Mo.*.....

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.