

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

3860

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 69

| | | | | | | | |
|---|----------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Maplewood 4544</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp.</u> | | Length of stay in lb <u>6 days</u> | | d. STREET ADDRESS (If outside, give location) <u>7390 Maple</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Arthur Sander Hughes</u> | | | | 4. DATE OF DEATH Month Day Year <u>Jan 8, 1958</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>April 22, 1898</u> | | 9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>16</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Walter Ashe Radio Co.</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Paul, Minn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>William Arthur Hughes</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elise Sander</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. <u>188-20-5479</u> | | 17. INFORMANT Address <u>Lucien Grolock, 2108 N. Geyer Rd.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of myocardium, acute.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral thrombosis due to arteriosclerosis.</u> DUE TO (c) <u>Pulmonary Infarction.</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. <u> </u> <u> </u> <u> </u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>1-3-58</u> to <u>1-8-58</u> and last saw ^{her} him alive on <u>1-8-58</u> Death occurred at <u>9:40</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Angelo Speno M.D.</u> | | | | 22b. ADDRESS <u>6015 Brentwood Clayton Mo</u> | | 22c. DATE SIGNED <u>1-8-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-9-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Ambruster Mart. - Clayton Rd.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>1-9-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Dumble</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Fred J. Turner*.....

Licensed Embalmer No. *47*.....

P. O. Address

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