

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007379

STATE FILE NUMBER

2215

FILED MAR 5 - 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
-57

| | | | | | |
|---|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 419 MOTT ST | | Length of stay in 1b | 201 st STREET ADDRESS 419 MOTT ST (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last DELIE — HUGHES | | | 4. DATE OF DEATH Month Day Year 2-22-1958 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3-14-1870 | | 9. AGE (In years, months, days) 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during last of preceding life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY Home Work | 11. BIRTHPLACE (City and state or country) Ireland | | 12. CITIZEN BY WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Pat. Hoy | | 13b. MOTHER'S MAIDEN NAME Anna Sweeney | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT Nola Hill 419 Mott St | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) 5 years DUE TO (c) General arteriosclerosis General 10 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0 | | | | | INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 1939 to Feb. 22/58 and last saw her alive on 2/1/58 Death occurred at 7:22/58 8 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE John Sweeney, MD | | | 22b. ADDRESS 16 Homers Valley | | 22c. DATE SIGNED 7-24/58 |
| 23a. FUNERAL CREMATION, REMOVAL (Specify) | | 23b. DATE 2-26-1958 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Mo | | | 23e. STATE | | |
| 24. FUNERAL DIRECTOR Wm. J. Bermudez 3819 So Grand Blvd | | | 25. DATE RECD. BY LOCAL REG. FEB 24 '58 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

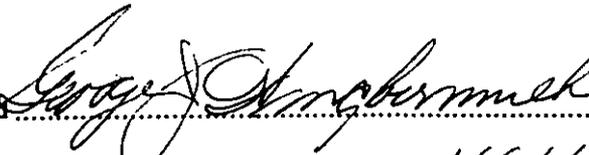
MEDICAL CERTIFICATION

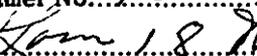
All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4611
P. O. Address 

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.