

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007380

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **1657**

300
1-57

| | | | |
|--|----------------------------------|---|---|
| 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 4029a Fairfax | | Length of stay in 1b Life | d. STREET ADDRESS (If outside, give location) 4029a Fairfax Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LUTHER Middle J. Last HUGHES | | | 4. DATE OF DEATH Month Feb. Day 8 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 1, 1885 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr | 9. AGE (In years at birthday) 72 MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 11. BIRTHPLACE (City and state or country) Columbia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary Hughes |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes Spanish-Amer. | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mary Hughes Address 4029a Fairfax Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Low Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Nephritis and DUE TO (c) Mitral Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 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.) | |
| 21. I attended the deceased from Feb 4-26-58 to Feb 8-58 and last saw her alive on Feb 8 . Death occurred at Feb 11-58 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. J. Moser (Degree or title) | | 22b. ADDRESS 3100 E Lucas St | |
| 22c. DATE SIGNED Feb-12-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2/13/58 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery |
| 23d. LOCATION (City, town, or county) Jefferson Barracks, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Charles J. Gates | | ADDRESS 4107 Finney | 25. DATE RECD. BY LOCAL REG. FEB 13 58 |
| 26. REGISTRAR'S SIGNATURE Carl Smith MD | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

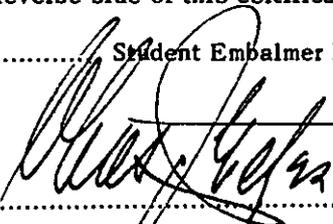
MEDICAL CERTIFICATION

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. 1825

P. O. Address 4107 Finney Av

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.