

SI-15266 FILED FEB 28 1958  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007524  
STATE FILE NUMBER

\* Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1650**

300  
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>35 VAH 915 N. GRAND AVE.</b>		Length of stay in 1b <b>119 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>3/ 615 NORTH MAIN STREET</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN MC HUGH</b>			4. DATE OF DEATH Month Day Year <b>2/11/58</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/21/88</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR - RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and state or country) <b>COUNTY MAYO, IRELAND</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>TOM MC HUGH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY DAILEY</b>		
14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-11</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		
17. INFORMANT <b>VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF URINARY BLADDER WITH METASTATASES</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - -		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>181.0</b>				
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"/> <b>VA</b>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>VA</b>		COUNTY STATE		
21. I attended the deceased from <b>2/6/58</b> to <b>2/11/58</b> and last saw him alive on <b>2/11/58</b> Death occurred at <b>10:55 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>H. H. Stenhalinger</b>		22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		
22c. DATE SIGNED <b>2/11/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/13/58</b>		
23c. NAME OF CEMETERY OR CREMATORY <b>Stenhalinger, M. O. Natl Cem.</b>		23d. LOCATION (City, town, or county) <b>Springfield, MO</b>		(State)		
24. FUNERAL DIRECTOR <b>Edward Fendler 5611 South Grand Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 13 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <i>mjb</i>		

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 *Harley J. Jeller Jr* .....  
Licensed Embalmer No. *4950* .....  
P. O. Address *St. Louis* .....

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.