

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031190

STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2235

300
-57

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) <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>4713 Kirkwood</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>St Louis Co. Hosp</u>		Length of stay in lb <u>18 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>711 So Kirkwood Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ISAAC</u> Middle Last <u>HUGHES</u>			4. DATE OF DEATH Month <u>8</u> Day <u>26</u> Year <u>58</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 19 1869</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Government</u>	11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>THOMAS HUGHES</u>	13b. MOTHER'S MAIDEN NAME <u>MINERA ELMINA WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>LEONA B 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>NONE</u>	17. INFORMANT <u>MR Robert L Hughes</u>	Address <u>Sarasota Fla</u>
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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>Neuro-Circulatory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Uremia</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>		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"/>	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.			
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>August 11, 1958</u> to <u>August 26, 58</u> and last saw ^{him} alive on <u>August 26, 1958</u> Death occurred at <u>6:30 A.M.</u> <u>4:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>J. H. Garrison, Jr. M.D.</u>	(Degree or title)	22b. ADDRESS <u>601 S. Brentwood Pl.</u>	22c. DATE SIGNED <u>8/26/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
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24. FUNERAL DIRECTOR <u>DIEHMANN HARRAL</u>	ADDRESS <u>14.5 Union</u>	25. DATE RECD. BY LOCAL REG. <u>8-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Rombo M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by Effluent 9/30/58

All diseases in Part I must be causally related.

SEP. 30 1958

OCT 15 1958

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 *Albert Thompson*

Licensed Embalmer No. *4237*

P. O. Address *Idaho*

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.