S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1958

State File No. 58-041728

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9881

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: No-I Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Welston Mo~~
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 Hospital No I

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Welston Mo. 4301
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 27 6153 Bertha ave

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): James
c. (Last): Hughes

4. DATE OF DEATH (Month) (Day) (Year): 10 13 58

5. SEX: M 2
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-7-1926
9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.: 10 A.M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor #2 R.D.P. city
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Nelson Hughes
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Verne Jean Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Verna Jean Houghes
ADDRESS: 1515 Love Jean Lane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Gunshot wound of skull and brain.
ANTECEDENT CAUSES
DUE TO (b) suffered when shot with gun in hands of one Verna Jean Hughes (col) in hallway of Home at 1515 Lovejoy Lane, about 15 am., October 13, 1958.
DUE TO (c)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E981X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE: Gunshot Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 13 58 3 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1000 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 10 15 58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-20-58
24c. NAME OF CEMETERY OR CREMATORY: Father Dixon St. Louis County
24d. LOCATION (City, town, or county) (State): Mo.

DATE REC'D BY LOCAL REG.: OCT 15 '58
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gus Lowe
ADDRESS: 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Leroy H. Sannis

Licensed Embalmer No. 452

P. O. Address 4251 Nook

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