

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045837

STATE FILE NUMBER

12575

FILED JAN 12 1959		Registration District No. 318		Primary Registration District No. 1003		Registrar No.		
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 type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 08 Deaconess Hospital		Length of stay in lb		d. STREET ADDRESS #187 4260 Chouteau		(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 VIRGIL E. HUG				4. DATE OF DEATH Month Day Year 12 26 1958				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-4-1908 1907		9. AGE (In years last birthday) 50 51	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer			10b. KIND OF BUSINESS OR INDUSTRY Mott Box Factory		11. BIRTHPLACE (City and state or country) Herman, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Hug			13b. MOTHER'S MAIDEN NAME Alma Drusch			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. +88-07-0554		17. INFORMANT Address Norman Hug, 4255 Heidelberg				
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>Undiagnosed degenerative disease of brain</u> 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) 355x						INTERVAL BETWEEN ONSET AND DEATH 3 months		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enumerate injuries in PART I or PART II of item 18.) ITEM 2, 9 1-20-58 CORRECTED					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			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 <u>Dec 19<sup>th</sup> 58</u> to <u>Dec 26 58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Dec 26<sup>th</sup></u> Death occurred at <u>6:30 p.m. - 6:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Geo L. Hawkins</u> (Degree or title) <u>M.D. 0</u>				22b. ADDRESS <u>100 No. Euclid</u>			22c. DATE SIGNED <u>Dec 27, 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-29-58	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		23d. LOCATION (City, town, or country) (State) St. Louis Co., Missouri			
24. FUNERAL DIRECTOR ADDRESS McLAUGHLIN'S, 2301 Lafayette				25. DATE RECD. BY LOCAL REG. DEC 29'58		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> M. 9, 13.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *James R. Chapman* .....

Licensed Embalmer No. *4550* .....

P. O. Address *St. Louis, Mo* .....

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.