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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015146

FILED MAY 15 1959

STATE FILE NUMBER 2-4857  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Westwood 4000</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St John's Hospital</b>		Length of stay in lb. <b>3-days</b>	d. STREET ADDRESS (If outside, give location) <b>#141 Westwood Ct. Westwood</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lester</b> Middle <b>J.</b> Last <b>Hough</b>			4. DATE OF DEATH Month <b>May</b> Day <b>2</b> Year <b>1959</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>Oct 28, 1905</b>		9. AGE (In years less birthday) <b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern Owner</b>	11. BIRTHPLACE (City and state or country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Cornelius Hough</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Kelly</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>William Hough #141 Westwood Court</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>Massive upper Gastrointestinal hemorrhage 4 days.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Oesophago-gastric varicosities</b> DUE TO (c) <b>Laennec (Portal) Cirrhosis liver</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>1-2 years.</b>
20a. ACCIDENT SUICIDE HOMICIDE <b>Acc No No</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>581.1</b>			
20c. TIME OF INJURY Hour <b>12.00</b> Month, Day, Year <b>May 3, 1959</b> a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>4-29-59</b> to <b>5-2-59</b> and last saw <sup>him</sup> alive on <b>5-2-59</b> Death occurred at <b>12.00 Noon May 3, 1959</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John J. Hammond M.D.</b> (Degree or title)		22b. ADDRESS <b>634 N. Grand</b>		22c. DATE SIGNED <b>5/4/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-5-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		23d. LOCATION (City, town, or county) <b>St Louis Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Arthur J. Dounelly</b>		ADDRESS <b>3840 Lindell 131st</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 4 '59</b>	
26. REGISTRAR'S SIGNATURE <b>Lois Smith. M.D. S.O.</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

See 1-14-11

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 *Francis Williamson*

Licensed Embalmer No. *3565*  
P. O. Address *3846 Linden*

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.