URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2134

60-029164
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 1 day

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Osteopathic Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY:

c. CITY OR TOWN: Florissant — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 870 Lilac Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Anna — Middle: — Last: McHugh

4. DATE OF DEATH: Month: July Day: 14, Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-9-1881

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: THOMAS GANNON

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: JOHN McHUGH

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.: NONE

17. INFORMANT: LYLE McHUGH 6839 FROSTVIEW LANE BERKELEY 34, MO.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Occlusion — Hours

DUE TO (c): Generalized Arteriosclerosis — Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 5, 1960 to July 14, 1960 and last saw her/him alive on July 14, 1960

Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William B. Murphy M.D.

22b. ADDRESS: Florissant, Mo

22c. DATE SIGNED: 7-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 7/18/60

23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.: 7-16-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M W Rueter

Signature of Student Embalmer

Licensed Embalmer No. 4865

P. O. Address St Louis

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