URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-036222

FILED VS OCT 6 1960

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9621

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

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

b. CITY OR TOWN St. Louis — Length of stay in Ib: 1 week

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

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 5555 Winchelsea Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Minnie Middle Florence Last Hughes

4. DATE OF DEATH: Month October Day 3, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 3/23/87

9. AGE (last birthday): 73

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: At Home

11. BIRTHPLACE (City and state or country): Trimble Tennessee

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Arthur Atkins

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: William Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Howard H Faulkner — Address: 5555 Winchelsea Drive

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

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

DUE TO (b): Adenoca uterus c metastases — 6 wks

174 x

DUE TO (c):

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

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 8/9/51 to 10/3/60 and last saw ~~him~~ her alive on 10/2/60

Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A Bauer MD

22b. ADDRESS: 3731 Goodfellow

22c. DATE SIGNED: 10/3/60

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

23b. DATE: Oct 5 1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): Normandy Missouri

24. FUNERAL DIRECTOR: Shepard Funeral Home — ADDRESS: 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.: OCT 3 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence O. Gerlu

Licensed Embalmer No. 4959

P. O. Address St. Louis,

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