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| 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 | | Length of stay in 1b | | c. CITY OR TOWN ST LOUIS | |
| c. FULL NAME OF (If NOT in hospital or hospice location) HOSPITAL OR INSTITUTION RECEIVED MISSOURI THEATRE BLDG | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 5851 FERRIS AVE | |
| | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First ROBERT Middle M. Last HUGHES | | | 4. DATE OF DEATH Month NOV, Day 18, Year 1960 | | |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/11/14 | 9. AGE (last birthday) 46 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|----------------|---------------------------|---|------------------------------|------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEAN | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME BERNARD HUGHES | 13b. MOTHER'S MAIDEN NAME CATHERINE GARVEY | 14. NAME OF HUSBAND OR WIFE VIRGINIA HUGHES |
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| 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. DONT KNOW | 17. INFORMANT VIRGINIA HUGHES 5851 FERRIS AVE |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Myocardial Infarction. | | One day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | Unknown |
| | DUE TO (c) 7201 | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 |
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21. I attended the deceased from 1953 to Nov 18, 1960 and last saw him alive on Nov 18, 1960
 Death occurred at Five P on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Leo V. Mullaney M.D. | 22b. ADDRESS 634 North Grand St. Law | 22c. DATE SIGNED Nov 19, |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 11/21/60 | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI |
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| 24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE | 25. DATE RECD. BY LOCAL REG. NOV 21 1960 | 26. REGISTRAR'S SIGNATURE Loan Smith. M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
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 _____
Signature of Student Embalmer

Signed M W Ruetter

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 conform 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.