V. S. No. 2
DM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11103

State File No.

FILED APR 22 1942

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 11

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson County Missouri

(b) City or town Rural Route I Kimmswick Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route I Kimmswick Mo. Rock (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether) 1

In this community 8 months (years, months or days) McHugh

2. USUAL RESIDENCE OF DECEASED: 050

(a) State Missouri (b) County Jefferson

(c) City or town Rural Route I (If outside city or town limits write "RURAL")

(d) Street No. Rural Route I Kimmswick, Mo. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs Katherine McHugh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Philip McHugh

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 4 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	26	hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Patrick Touhill
13. Birthplace Limerick County (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Johanna
15. Birthplace Cork County (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Florence Moran

(b) Address Route I Kimmswick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 1 (Day) 1942 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E J Schnier

(b) Address 3125 Lafayette Ave.

19. (a) 3-31-42 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30th year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 15-41 Mar. 28, 1942, to , 19 ; that I last saw her alive on Mar 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Due to Cause unknown

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis

Major findings: Of operations

Of autopsy No 131b

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W R Duffrey (M. D. or other) M D.

Address Arnold Mo. Kimmswick Mo Date signed 3-31-42

587 (Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Jos B Wollner, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Wollner

Licensed Embalmer No. 4044

P. O. Address 3625 Lafayette Ave

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 this body is not embalmed, above space should be left blank.