

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9608**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Mos. 1 Day**
(Specify whether years, months or days)

In this community **38 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County.....

(c) City or town **St Louis Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **3911 St Ferinand Ave**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Louise Ann Hughes**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Hughes** 6. (c) Age of husband or wife if alive **years 1904**

7. Birth date of deceased **9 5 1904**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	2	12	hr. min.

9. Birthplace **St Louis** **No**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Pete Mueller**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Roth**

15. Birthplace **St Louis** **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Hughes**
(b) Address **3911 St Ferind and Ave**

17. (a) **Burial** (b) Date thereof **11-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St Louis Ave**

19. (a) **NOV 18 1942** (b) **J F Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**, year **1942** hour **8:40** minute **A. M.**

21. I hereby certify that I attended the deceased from **September 16**, 1942, to **November 17**, 1942; that I last saw her alive on **November 17**, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tbc**

Due to **1/2**

Due to **2/3**

Other conditions **Raynaud's Tbc**
(includes pregnancy within 3 months of death)

Major findings: Of operations **Not done**

Of autopsy **Not done**

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

(a) Accident, suicide, or homicide (specify) **None**

(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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **Geo. Madri** (M. D. or other).....
Address **1515 Lafayette Avenue**, Date signed **11/17/42**

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119

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

B. M. Finley

Licensed Embalmer No.

1591

P. O. Address.....

4106 1/2 Botomwood

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, fact should be so stated above.