

No. 2  
1-17-47  
5-17-39

FILED JUN 15 1948  
Registration District No. 397

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 1239 Geyer Rd. 3  
(If rural, give location) 1

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Infant McHugh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased May 17 1948  
(Month) (Day) (Year)

8. AGE:

| Years    | Months   | Days     | If less than one day         |
|----------|----------|----------|------------------------------|
| <u>0</u> | <u>0</u> | <u>0</u> | <u>19</u> hr. <u>46</u> min. |

9. Birthplace Richmond Hts. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name John McHugh

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

14. Maiden name Marion Malone

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

16. (a) Informant John McHugh

(b) Address 1239 Geyer Rd.

17. (a) Burial (b) Date thereof 5-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 5-19-48 (b) Calley Slapnick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1948 hour 6:50 minute..... P. M.

21. I hereby certify that I attended the deceased from May 17, 1948 to May 18, 1948  
that I last saw him alive on May 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
(Born at 6 mos. gestation  
Birth weight 2 lbs 9 g)

Due to 159

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration 1 day

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify).....

(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?..... (c) Means of injury.....

23. Signature CH Bockelman (M. D. or other) M.D.  
Address 2615 Brentwood Blvd Date signed 5/19/48

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

102  
H  
Ernest T. ...  
H

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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 William O White

Licensed Embalmer No. 4291

P. O. Address 7228 S. King Highway

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.