

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025998

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

31825168270 SL-31809 1003

6348

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

DO NOT WRITE ON THIS STUD

AMENDED

FILED JUN 21 1963

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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, Missouri		Length of stay in 1b 35 days	c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Admin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4133 Sacramento Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Wilfred J Hug			4. DATE OF DEATH Month Day Year 6/15/63
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 1/9/09
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Foreman		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Burger, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph D Hug	
13b. MOTHER'S MAIDEN NAME Mable Cushing		14. NAME OF HUSBAND OR WIFE Fannie Hug	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 498 07 1228	17. INFORMANT Address Fannie Hug (wife) See 2 Above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE LUNG, METASTATIC, WITH SUPERIOR VENA CAVAL OBSTRUCTION			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			163x
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
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.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	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
21. <input checked="" type="checkbox"/> attended the deceased from 5/12/63 to 6/15/63 and last saw him alive on 6/15/63 Death occurred at 10:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE SANFORD WILSON (Degree or title)		22b. ADDRESS MD VAH, St Louis, Mo.	22c. DATE SIGNED 6/15/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-18-63	23c. NAME OF CEMETERY OR CREMATORY ST. FRANCIS CATHOLIC	23d. LOCATION (City, town, or county) FLAT RIVER, MO
24. FUNERAL DIRECTOR MURPHY L. SPARKS ADDRESS FLAT RIVER		25. DATE RECD. BY LOCAL REG. JUN 17 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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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 _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Murphy J. Sparks

Licensed Embalmer No. 4236

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Handwritten notes and markings on the right side of the page.

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