

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **25928**

Township.....

Primary Registration District No. **1003**

Registered No. **7544**

City **St. Louis Mo.** (No. **St. Marys Infirmary**)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. **1820 Geyer Av L3** Ward \_\_\_\_\_

(Urban place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**male**

**4. COLOR OR RACE**

**white**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**widower**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**April 11 - 1875**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
<b>52</b>	<b>4</b>	<b>10</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Car Repairer**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **" "**  
 (c) Name of employer **" "**

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**Missouri**

**10. NAME OF FATHER**

**Samuel Hutcell**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

**Missouri**

**12. MAIDEN NAME OF MOTHER**

**Mary Young**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

**Texas**

**14.**

INFORMANT **Mrs Lucy Landenback**  
 (Address) **22 24 Rutger St.**

**15.**

**AUG 24 1927**  
 Filed **Mar 6 Starceff**  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**8 / 21 19 27**

**17.**

I HEREBY CERTIFY, That I attended deceased from **8/18**, 19**27**, to **8/21**, 19**27**, that I last saw him **8/21** alive on **8/21**, 19**27**, and that death occurred, on the date stated above, at **8:30 a.m.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Apoplexy cerebral Hemorrhage**

(duration) yrs. mos. ds. **3 ds.**  
 CONTRIBUTORY (SECONDARY) **Chronic nephritis & hypertension**  
 (duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH **St Louis MO**

**19. DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_**

**20. WAS THERE AN AUTOPSY? NO**

**WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination**

(Signed) **W. H. Fisher** M. D.

, 19 (Address) **1536 Poplar St**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**New St Marcus Cem, Aug 24 1927**

**DATE OF BURIAL**

**20. UNDERTAKER**

**E. J. Schuer 3125 Lafayette**

**ADDRESS**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OUPDING INK—THIS IS A PERMANENT RECORD

