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. 19418

Township ..... Primary Registration District No. 1003 Registered No. 4998

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME William H. Hutchison

(a) Residence. No. 5736 Lansdowne St., 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Rose H. Hutchison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Confectionery Store
(b) General nature of industry, business, or establishment in which employed (or employer) Owner
(c) Name of employer 4902 Devonshire

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

PARENTS

10. NAME OF FATHER James H. Hutchison

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

12. MAIDEN NAME OF MOTHER Margaret Forster

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

14. INFORMANT Mrs Rose H. Hutchison
(Address) 5736 Lansdowne Ave

15. FILED ..... 19 ..... May C. Harvey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1929, to May 1, 1929 that I last saw h. ~~[illegible]~~ alive on May 1, 1929, and that death occurred, on the date stated above, at 2:45 A.m.

122 THE CAUSE OF DEATH* WAS AS FOLLOWS:
129 Strangulated bowel followed by general peritonitis
2 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

118B1

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. C. Pfeifer M. D
, 19 (Address) 4523 S. Kingshighway

*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	DATE OF BURIAL
Memorial Park	5-3 1929
20. UNDERTAKER	ADDRESS 4228
Kriegshauser Und Co	S. Kingshighway

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.

[illegible] PERMANENT RECORD

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 19418-49
Local Registrar's No. 4998

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for William Henry Hutchison died May 1-1929, 19...., in the State of
Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 2 should read "~~xxxxxxxxxxxxxxxx~~ ~~xxxxxxxxxxxxxxxx~~
Instead of .....

Item No. 2 should read William Henry Hutchison
Instead of William H. Hutchinson

Item No. 14 should read Mrs. Rose Hutchison
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rose H. Hutchison Inf.
Relationship.

5736 Lansdown
Present Address.

Subscribed and sworn to before me this 23 day of Nov., 1954

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

S-19418