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

Do not use this space.

14388

File No. 3732

Registered No.

**1. PLACE OF DEATH**

County

Township

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

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Leo Mary Hutson

(a) Residence. No. St., 23 Ward. Kirkwood Mo

(Usual 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1867 - Instmonth

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| about | 72 | Unknown | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Co

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Casper Schulte

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Mary Lutz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Hospital Information

14. INFORMANT E. Ringer

(Address) City Hospital

15. APR 14 1930 FILED ....., 19.... Ray C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1930

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1930, to April 14, 1930 that I last saw h alive on April 14, 1930 and that death occurred, on the date stated above, at 1:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

102 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 307 W. Essex Ave

IF NOT AT PLACE OF DEATH Kirkwood Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Benj Marquison M. D.

4/4 1930 (Address) City Hospital

*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 |
|---|---|
| Bombert Mo. | April 14 1930 |
| 20. UNDERTAKER | ADDRESS 4234 Manchester |

Lindemeyer Funeral Home

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.

Henson