

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No.
Primary Registration District No.
City Hospital #/.....

791
1003

File No.
Registered No. **9836**
St. Ward)

2. FULL NAME Allan B. Hutchins

(a) Residence, No. 3503 Morgan St. D1 Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1873

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

58	8	13	
----	---	----	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Missouri

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. Heunrich, U.S. Vet. Bureau St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Sept 22 31

19. UNDERTAKER (ADDRESS) C. Kuffel, 2818 Madison

20. FILED SEP 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician or Attendance, 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Shock & Burns, 1-2-3, Degree due to clothing becoming ignited in Burning of Building 181 of St. Louis Mo.

Other contributory causes of importance: Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/17 1931

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burning of Building

Nature of injury Shock & Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. W. Fernet M. D.

(Address) Dep. Coroner

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH

FORM NO. 1

OCT 17 1947