

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

Do not use this space.

30725

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 510-05
City St. Louis (No. City Hospital)

File No.....
Registered No. 8400
St. Ward)

2. FULL NAME

(a) Residence, No. 711 W. Wilmington Ward. 1
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Ida</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4 - 1865</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>1</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lyle Warehouse Co.</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME John Hutch

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

15. MAIDEN NAME Johanna Beck

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

17. INFORMANT Hospital Informant
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem DATE Sept 20 1934

19. UNDERTAKER C. J. McNeill
(ADDRESS) 1784 S. Broadway

20. FILED SEP 19 1934
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1934 to Sept 18th 1934
I last saw him alive on Sept. 18th, 1934. Death is said to have occurred on the date stated above, at 12:15 a m
The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of bladder.
anemia
51B
131
95B 51B (1)

Other contributory causes of importance:
Bilateral hydronephrosis and hydronephrosis
arteriosclerotic heart disease
hypertensive nephritis
pulmonary edema
Name of operation None Date of

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)

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

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) J. M. Macintosh M. D.
(Address) City Hospital # 1

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Hutch