

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.

APR 25 1934

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. **701**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **3871**, **Washington Av.**) St. .... Ward) .....

File No. **10770**  
Registered No. **2607**

2. FULL NAME

**Robert W. Hutzell**  
(a) Residence, No. **3871 Washington** St., **19** Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 23 1883**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
**50 2 18**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Foundry Liberty Co.**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) **St. James Missouri**

13. NAME **Samuel Hutzell**

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

15. MAIDEN NAME **Mary Young**

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

17. INFORMANT **Mrs. Mary Hutzell** (ADDRESS) **3871 Washington Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mary's Cemetery** DATE **March 15 1934**

19. UNDERTAKER **E. J. Schurer** (ADDRESS) **3125 Lafayette St. Av.**

20. FILED **MAR 15 1934** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 13 1934**

22. I HEREBY CERTIFY, That I attended deceased from **MAY 9<sup>th</sup>** 1934, to **MAR 13**, 1934  
I last saw him alive on **MAY 13**, 1934. Death is said to have occurred on the date stated above, at **11:15 a.m.**

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

**Lobar Pneumonia**  
**108**  
**110**  
**108**  
Other contributory causes of importance  
**BRONCHIAL ASTHMA**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **D. W. Holmes** M. D.  
(Address) **202<sup>nd</sup> MAIN ST. ST. LOUIS, MO.**

