

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

Do not use this space.

14574

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. City Hosp. 1)

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Albert Hutchinson  
(a) Residence, No. 4914 Hadimant St. Ward NR  
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1902

7. AGE YEARS 37 MONTHS 10 DAYS 16 IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Supply  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation. 3 yrs

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

MOTHER 13. NAME Jamies Hutchinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Mary Haney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Ronald Curber 4829 Burburbar

18. BURIAL, CREMATION, OR REMOVAL PLACE Debanon DATE Apr 16 34

19. UNDERTAKER (ADDRESS) Beussel, Inc. 1138 26th St

20. FILED APR 11 1934 J. Rudeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

no physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 12:55 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
chronic Interstitial  
nephritis.  
Date of onset 10/11/33

Other contributory causes of importance:  
10/11/33  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Ronald Curber (M.D.)  
(Address) 4829 Burburbar

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.

