

JUN 12 1935

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

Do not use this space.

791  
1003

18357

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St Louis Mo (No. City, Hanoverium) St. .... Ward

File No.....  
Registered No. 4710

2. FULL NAME

Emma Hutchison  
(a) Residence, No. 5910 Minerva St., 6 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....mla.  
84 9 10  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) about 1-9-35  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Hedgesee  
(STATE OR COUNTRY) German Empire

MOTHER FATHER  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany

17. INFORMANT B. A. Meester  
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Lebanon Cem. DATE May 28, 1935

19. UNDERTAKER Shepard Funeral Home  
(ADDRESS) 2167-69 Hamilton Ave  
MAY 27 1935

20. FILED J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-2-35, 1935, to 5-25, 1935  
that saw her alive on 5-25, 1935 Death is said

to have occurred on the date stated above, at 12:50 p.m.

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

Infected Sanguine  
Post Sutural & Vaginal  
non venereal probably  
senility

Other contributory causes of importance:  
Chronic Myocarditis

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) B. A. Meester, M. D.  
(Address) 5400 Arsenal St

Date of onset  
5-19-35  
19.32.7

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.

Shepard