

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

Do not use this space.

SEP 16 1935

27688

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 819, Warren St.) St. Ward) 6732

2. FULL NAME

Emily Alice Hutchison
 (a) Residence, No. St., 26 Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lee Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
63 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Mo

13. NAME Elvira Maupin

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

15. MAIDEN NAME Sarah E. Hinton

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

17. INFORMANT Lee Hutchison
 (ADDRESS) 819 Warren St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grave DATE Aug 8th 1935

19. UNDERTAKER Arthur J. Donnelly, 26 W. 38th St.
 (ADDRESS) HUG - 7 1355

20. FILED 19 J. H. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1935, to Aug 6, 1935
 I last saw De R. alive on Aug 6, 1935 Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Lobar Pneumonia Date of onset July 21
100
 Other contributory causes of importance: Chr. Myocarditis

Name of operation None Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
 If so, specify.....

(Signed) Maurice P. Decker, M. D.
 (Address) 895 Mo. Theatre Bldg.

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.

M. A. Nacher

~~Wm. Thacker Ben~~

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