

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

Do not use this space.

DEC 8 1938

43145

791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

File No.....

City ST. LOUIS MO

(No. ST. ANTHONYS HOSPITAL)

Registered No.....

11723

Ward)

2. FULL NAME

MARGUERITE HUTCHISON

(a) Residence, No.....

(Usual place of abode)

3003 1/2 VIRGINIA AV. WARD 16

(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

FEMALE

4. COLOR OR RACE

WHITE

5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word)

MARRIED

5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND or (or) WIFE OF

ERNST HUTCHISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

FEB. 22-1908

7. AGE

YEARS 28

MONTHS 9

DAYS 3

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

HOUSEKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

MISSOURI

FATHER

13. NAME

S. W. ASHBY

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

MISSOURI

MOTHER

15. MAIDEN NAME

MARY TEASDALE

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

MISSOURI

17. INFORMANT (ADDRESS)

MARY BUSHREE

18. BURIAL, CREMATION, OR REMOVAL PLACE

NEW ST. MARCUS NOV 28 1938

19. UNDERTAKER (ADDRESS)

E. J. Schurer

20. FILE

NOV 27 1938

J. T. Brodeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to Nov 25th 1936, 19.....

I last saw h. or alive on November 25th 1936 Death is said to have occurred on the date stated above, at 11:47 AM

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

Acute Myocarditis

Date of onset 11/25 1936

Other contributory causes of importance:

Operation

Caesarian Section

11/20/36

Name of operation Caesarian Section Date 11/20/36

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?

If so, specify.....

(Signed) Hubert J. Smith, M. D.

(Address) 520 5a Chippewa St

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.

