

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis, Mo.* (No. *Mississippi River*) (If General Health Ward)

File No. **18492**
 Registered No. **5068**

2. FULL NAME

Henry Hutchinson
 (a) Residence, No. *3212 Hawthorne* 21 Ward. (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 *Male* 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 *Ursula Hutchinson*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1, 1915*
 7. AGE YEARS *22* MONTHS *0* DAYS *10* IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Labour*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) *Missouri*

13. NAME *Denny Hutchinson*

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

15. MAIDEN NAME *Estelle Bennett*

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

17. INFORMANT *Ursula Hutchinson* (ADDRESS) *3212 Hickory St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wentworth Park* DATE *5-19* 1937

19. UNDERTAKER *Miss General Home* (ADDRESS) *28 26 Woodland*

20. FILED *J. Bredeck* Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 15, 1937*

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 *1:00 p.m.*

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

Asphyxiation due to drowning following fall from scaffold on a boat at the foot of Lucas Ave. about 1:44 P.M. Jan. 11, 1937. (Cause of Death)
 Other contributory causes of importance: *Accident*

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *1/11/37*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *In Industry on Boat*

Nature of injury *Fall from Scaffold on River*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Alfred G. Perry* M.D.

(Signed) *Alfred G. Perry*

(Address) *Deputy Coroner*

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.

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