

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital #1.**)

File No. **21867**
Registered No. **5619**
St. _____ Ward _____

2. FULL NAME **Theresa Hutinger**

(a) Residence, No. **1313a Montgomery** St., **26** 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 **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 **Ralph Hutinger**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 26, 1909**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	27	5	10	

OCCUPATION
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. **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) **St. Louis, MO.**

MOTHER FATHER
13. NAME **Biaggio Caggiano**

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

15. MAIDEN NAME **Giuseppa Cardinale**

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

17. INFORMANT (ADDRESS) **Ralph Hutinger 1313a Montgomery**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 9, 1937**

19. UNDERTAKER (ADDRESS) **P. Miceli 1133 No. Kingshighway Bl.**

20. FILE **JUN 7 1937** **J. Predeck** Registrar.

No Autopsy MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6, 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 **7:30 p.m.**

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

Septicemia due to Abortion control. Retained placental tissue following rupture received when lifting a tub of water from the floor to a chair at her home.

Other contributory causes of importance:

at 1313a Montgomery Ave. on May 24th & 25th 1937 time unknown

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? **gunshot** Date of injury **5/25/37**

Where did injury occur? **at home** (Specify city or town, county, and State)

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

Manner of injury **gunshot**

Nature of injury **Septicemia**

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

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

(Signed) **Alfred 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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