NOV 23 1937

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

38780

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 789

(b) Township CENTRAL — Primary Registration District No. 6033 — Registered No. 296

(c) City Wellston — (d) Street No. 6151- Wagner St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Mc'Nutt

(a) Residence, No. 6151 - Wagner St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1909

7. AGE: YEARS 28 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as 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) Saffell, Ark.

FATHER
13. NAME W.P.Mc'Nutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saffell, Ark.

MOTHER
15. MAIDEN NAME Amanda Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Hattie Knobelock 8348-College, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cem. DATE 10-30-37, 19

19. FUNERAL DIRECTOR (ADDRESS) Baumann Bros Inc 2504 Woodson Rd Overland Mo

20. FILED 10-28-, 1937 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 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 8 a. m.

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

	Date of onset
Tuberculosis of the lungs	1934

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Medical History 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) John O'Connell, M.D.

(Address) Coroner, St. Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Earl J. Hillemann, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3501 or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl J. Hillemann

Licensed Embalmer No. 3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)