

REC'D MAR 14 1938

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

4846

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **2103A** Ch. **1003** St. **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 William Hutchison, 3 2 2

(a) Residence, No. **2103A Chippewa St.** St. **24**
 (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) **Married,**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elsie Hutchison,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 6th 1893.**

7. AGE YEARS **45** MONTHS **1** DAYS **3** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bartender.**
 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) **St. Louis,** (STATE OR COUNTRY) **Mo.**FATHER 13. NAME **Unknown,**14. BIRTHPLACE (CITY OR TOWN) **Unknown.** (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME **Unknown,**16. BIRTHPLACE (CITY OR TOWN) **Unknown.** (STATE OR COUNTRY)17. INFORMANT **Elsie Hutchison.** (ADDRESS) **2103A Chippewa St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews Cem.** DATE **Feb. 12th** 19 **38**19. FUNERAL DIRECTOR **Ziegler Bros.** (ADDRESS) **2621-23 Cherokee St.**20. FILED **FEB 11 1938****NO PHYSICIAN IN ATTENDANCE**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 9th 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **12.15m. P.M.**

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

Coronary Sclerosis.
Edema of Brain.
Chronic Nephritis.

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Joseph M. L...** M.D.(Address) **D...**

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein
Licensed Embalmer No. 2270

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