T 13 1938

DEC'D OCT 19 1938

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

33361
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 7824
(b) Township Carondelet — Primary Registration District No. 201 — Registered No. 1657
(c) City ~~Jefferson Barracks~~ — (d) Street No. Veterans Administration Facility 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 Unkn. yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold B. Hutchinson
(a) Residence, No. ..... St. ☐ Grantville, Kansas.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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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 Mrs. Louise Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1896

7. AGE: YEARS 42 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Ibex, Kentucky

FATHER
13. NAME Daniel Boone Hutchison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri. M. Shilig

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Ky. DATE Oct. 14 1938

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED OCT 13 1938 — D. K. Meyer M. D. Dep. H. 707 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1938, to October 12, 1938
I last saw him alive on October 12, 1938 Death is said to have occurred on the date stated above, at 12:33 AM
The principal cause of death and related causes of importance were as follows:

Automobile accident.
Struck by an automobile while a pedestrian on a public highway — Date of onset 10/12/38

Other contributory causes of importance:
Fracture of the pelves

Name of operation None — Date of
What test confirmed diagnosis? Autopsy findings — Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 10/10, 1938
Where did injury occur? Illinois, near Flora, Ill. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Automobile accident on highway.
Manner of injury Automobile
Nature of injury Multiple fractures, pelvis & lower extremities.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell, M. D.
Address COLONER OF ST. LOUIS, COUNTY, MO

(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, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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