

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH415  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 415  
 (c) City St. Louis (d) Street No. 1625 N. Jeffingwell 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

(a) Residence, No. 326 Florid Hutcherson St. 20 (If nonresident, give city or town and State)  
1625 N. Jeffingwell (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1919

7. AGE YEARS 19 MONTHS 10 DAYS 22 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Miss

FATHER 13. NAME Judge Whitfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Cory Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Louis Hutcherson  
1625 N. Jeffingwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 16, 1939

19. FUNERAL DIRECTOR (ADDRESS) F. G. Green  
2915 Franklin ave.

20. FILED J. D. Bulech Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY That I attended deceased from January 7<sup>th</sup>, 1938, to January 10<sup>th</sup>, 1938

I last saw him alive on January 10, 1938. Death is said to have occurred on the date stated above, at 8:00 m.

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

Acute appendicitis 1-7-38

Other contributory causes of importance:

Name of operation Removal Date of Jan 10, 1939

What test confirmed diagnosis Removal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

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 James T. Aldrich, M. D.

(Address) 2605 E. Franklin ave.

