

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

8285
Do not use this space.

REC'D APR 12 1939

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1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. Missouri Pacific Hosp. 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 Moral Lewis Hutchins
 (a) Residence, No. 6019 Arthur St. LA (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Hutchins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Switchman
 9. Industry or business in which work was done, as saw mill, bank, etc. R. R.
 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) Texas
 FATHER 13. NAME John B. Hutchins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 MOTHER 15. MAIDEN NAME Alabama Quartels
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 17. INFORMANT Robt. Hutchins
 (ADDRESS) 6265 Hoffman
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE March 4, 1939
 19. FUNERAL DIRECTOR (NAME) Jay B. Smith
 (ADDRESS) 7456 Manchester
 20. FILED MAR 3 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from February 11, 1939, to March 2, 1939
 I last saw him alive on March 2, 1939. Death is said to have occurred on the date stated above, at 7:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Of Lung (Bronchiogenic)
 Date of onset
 Other contributory causes of importance:
 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?..... 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) R. D. Illies M. D.
 (Address) Missouri Pacific Hospital
St. Louis Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 4029

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.