

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

16940

Do not use this space.

4474

1. PLACE OF DEATH **326 JUN 12 1939** Registration District No. **791**
 (a) County.....**2** Primary Registration District No. **1003**
 (b) Township.....**1** (c) City **St. Louis** (d) Street No. **2128 Alice Avenue** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **John Henry Hutcherson**
 (a) Residence, No. **2128 Alice Avenue** St. **9**
 (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 Amelia Louise Hutcherson (Graf)				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1862				
7. AGE YEARS 76	MONTHS 4	DAYS 23	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) Mo.				
FATHER	13. NAME Not Known			
	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 Mrs. Amelia Hutcherson (ADDRESS) 2128 Alice Avenue				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 15, 1939				
19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue				
20. FILED MAY 15 1939 J. B. Brudick Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12, 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 That he/she was alive on..... 19..... Death is said to have occurred on the date stated above, at **1:30 PM**
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Arteriosclerosis
 Other contributory causes of importance.....
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **Joseph M. Quinn**
 (Address) **Deputy Registrar**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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. *2967*

P. O. Address *2161 E. Fair*

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.