

27520

State File No. _____

WED SEP 14 1939 791

Primary Registration District No. _____

Registrar's No. 7020

1. PLACE OF DEATH: **1003**

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 3938 Shenandoah

(d) Length of stay: In hospital or institution _____

In this community 21 years

3. (a) PRINT FULL NAME Matilda A. Hutchings 325

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel H. Hutchings

6. (c) Age of husband or wife if alive 3rd 1845 years

7. Birth date of deceased Sept 3rd 1845

8. AGE: Years 93 Months 11 Days 7

If less than one day _____ hr. _____ min.

9. Birthplace Unknown Indiana

(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Martin Study

13. Birthplace Unknown U. S. A.

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Storms

15. Birthplace Unknown U. S. A.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Hutchings

(b) Address 2336 Inver Grove Road

17. (a) Burial (b) Date thereof Aug. 12, 1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) AUG 12 1939 (b) J. B. [Signature]

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **17**

(d) Street No. 3938 Shenandoah

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th

year 1939 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 2nd, 1939 to Aug 10th, 1939

that I last saw her alive on Aug 10th, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardial infarct **1074**

Due to decompensated heart

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature Arthur Bohannon (M. D. or other)

Address 26 D. 2 S. Grand Date signed 8/10/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-30 1 x19511

Dr. Burton Bohannon
2602 S. Grand
La 9080

Res. 4033 Wagonolia
La 4220

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.....

Albert E White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed.....

J. W. Bunkley
Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo*

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.