

Registration District No. **701** Primary Registration District No. _____

1. PLACE OF DEATH: **ILLINOIS**
(a) County **MO**
(b) City or town **ST LOUIS**
(c) Name of hospital or institution: **MO. PAC. HOSP.**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME **JOHN FRANCIS HUTSON**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **202-18-7529**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARY HUTSON** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **AUG. 31 1886**
(Month) (Day) (Year)

8. AGE: Years **53** Months **1** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **BOILER MAKER**

11. Industry or business **TERMINAL RR.**

12. Name **JOHN HUTSON** 13. Birthplace **MO.** (City, town, or county) (State or foreign country)

14. Maiden name **ANN FITZGERALD** 15. Birthplace **MO.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Hutson**

(b) Address **1024 BITTNER ST**

17. (a) **BURIAL** (b) Date thereof **OCT. 14 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SALVARY**

18. (a) Signature of funeral director **L. M. Mullen**
(b) Address **516 S DELMAR BLVD**

19. (a) **OCT 13 1939** (b) **J. B. Bredbeck**
(Date certified in Registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **1**
(c) City or town **ST LOUIS** **8**
(d) Street No. **1024 BITTNER ST.**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **Oct** day **11** year **1939** hour **1** minute **05 A.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death **Fract. of 5th to 10th ribs**
ruptured when he slipped
and fell from a step while
repairing a locomotive at
Brooklyn Ill. about
9:30 O'Clock AM Oct 6 1939

Other conditions _____ (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **OCT. 6 1939**
(c) Where did injury occur? **Brooklyn Ill.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry
While at work? **Yes** (Specify type of place) (a) Means of injury **Fall**
23. Signature **Alfred Perry** (M. D. or other) **V.**
Address **1024 Bittner St** Date signed **10-15-39**

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: Howard R. Rowland

Licensed Embalmer No. 3114

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.