

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. # 12 Aberdeen Pl.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY FRANCIS CUTTS. 320

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George T. Cutts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 6 _____ hr. _____ min.

9. Birthplace Springfield, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Josiah Francis.

13. Birthplace Weathersfield, Conn.
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Hicks.

15. Birthplace Athens, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis T. Cutts.

(b) Address # 12 Aberdeen, Pl.

17. (a) Burial (b) Date thereof 1/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar, Blvd.

19. (a) JAN 29 1940 (b) J. S. Bridgman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
 year 1940 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 9, 1940, to Jan 28, 1940;

that I last saw her alive on Jan 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary infarction

Due to fracture of hip

Due to _____

Other conditions 1862
(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 Dec. 27, 1939

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

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

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

23. Signature Walter Litten (M. D. or other) _____

Address St. Louis 2720 Washington Date signed 1-29-40

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.

As seen from
3720 Washington
JCE-7964
3:30 PM

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.