

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: Carroll City Hospital
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME: Mabel M. Hutchinson

3. (b) If veteran, name war: No. 8. (c) Social Security No.

4. Sex: Female 5. Color or race: White

6. (b) Name of husband or wife: Charles 6. (c) Age of husband or wife if alive: unk years

7. Birth date of deceased: unknown

8. AGE: Years: abt. 54 Months: Days: If less than one day hr. min.

9. Birthplace: TENN

10. Usual occupation: Housewife

11. Industry or business

12. Name: unknown

13. Birthplace: "

14. Maiden name: "

15. Birthplace: "

16. (a) Informant: Frank Eriggs - P.D.

(b) Address: 5721 miles Ave / 31-43

17. (a) (b) Date thereof: Mar 22 1940

18. (a) Signature of informant: [Signature]

19. (a) (Date received local registrar): MAR 22 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis 25
(c) City or town: St. Louis 25
(d) Street No.: 902 A No 11 St
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 3 day: 9
year: 1940 hour: 6 minute: 46 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Oedema of Brain

Due to: Chronic Alcoholism

Other conditions: Gastritis

Major findings: Chronic Parenchymatous

Of operations: Hepatitis

Of autopsy:

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

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

(b) Date of occurrence

(c) 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

23. Signature: Joseph M. [Signature]

Address: [Signature]

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41

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.....

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.