

NOV 16 1940 791

Registration District No.

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:
Deaconess 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)

3. (a) PRINT FULL NAME JANE HOTCHKISS.

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 Married

6. (b) Name of husband or wife Wm. E. Hotchkiss. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased SEPTEMBER 18 1882;
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 # 19 hr. min.

9. Birthplace FAIRBERRY, ILLINOIS;
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME;

11. Industry or business _____

12. Name HORACE E. GILLETT

13. Birthplace FRANKFORT, CONN;
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. BRYANT

15. Birthplace PERU, INDIANA;
(City, town, or county) (State or foreign country)

16. (a) Informant NELLE GILLETT

(b) Address 6412 ENRIGHT AVE;

17. (a) REMOVAL (b) Date thereof 10/9/40;
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PONTIAC ILLINOIS;

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

(b) Address 7233 Delmar, Blvd.,

19. (a) OCT 7 1940 (Date received local registrar)
(b) Signature J. B. ... (Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town University City NR
(If outside city or town limits, write "RURAL")
(d) Street No. 6412 Enright, Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th
year 1940 hour 6:30 minute 2. M.

21. I hereby certify that I attended the deceased from 1932
_____ 19 _____ to Oct 6 19 40
that I last saw her alive on Oct 6. 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 2 yrs.

Due to Hypertension 10 yrs.

Due to _____

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) _____
(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? _____

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

23. Signature J. B. ... (M. D. or other) _____
Address 5427 Delmar Date signed 10-6-40

Duration
2 yrs.
10 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10-0392

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.