

NOV 25 1940

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(c) Name of hospital or institution:  
6311 Suburban Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community \_\_\_\_\_  
years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Flora E. Hutson  
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 Robert Hutson  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased August 10, 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Maries Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name George Hayes  
13. Birthplace Maries Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle Parks  
15. Birthplace Gasconade Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Hutson  
(b) Address 6311 Suburban Avenue.

17. (a) Burial (b) Date thereof 11/1/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Missouri

18. (a) Signature of funeral director S. Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.

19. (a) OCT 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6311 Suburban Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29, 1940  
year 8 hour 40 minute P M.

21. I hereby certify that I attended the deceased from 10-23-40  
Oct 23 - 1940, to Oct 29 - 1940  
that I last saw her alive on Oct 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
(Acute)

Due to Asthma (Cardiac)

Due to Coronary Thrombosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 7 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) No  
(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 W. W. [Signature] (M. D. or other) \_\_\_\_\_  
Address 9532 Washington St. Tomlin Date signed 10/30/40

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.

3575 W  
12-10-

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**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 Guy W Wilkerson  
Licensed Embalmer No. 3575  
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.**