

No. 2
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23924

FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6266

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3225 Cherokee Street
(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)

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. 3225 Cherokee Street
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

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3. (a) PRINT FULL NAME James Madison Hutchinson

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

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

6. (b) Name of husband or wife Rose Hutchinson 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 0 _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER { 12. Name James S. Hutchinson

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Childress

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

16. (a) Informant Charles Hutchinson
(b) Address 2003 Penn Street, St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Ross L. & U. Co.
(b) Address 2929 So. Jefferson Ave., St. Louis, Mo.

19. (a) JUL 31 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from July 29th
1941 to July 30th, 19 41.
that I last saw him alive on July 29th, 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (cerebral hemorrhage) July 29th
Duration

Due to Arteriosclerosis Of long
Hypertension duration

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____
(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 [Signature] (M. D. certificate) [Signature]
Address 2278 S. Jefferson Date signed 7-30-41

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 Paul G. Shanklin Registered Apprentice No. _____ working under my personal supervision.

Signed: Paul G. Shanklin

Licensed Embalmer No. 2472

P. O. Address 2929 S. Jefferson

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, fact should be so stated above.