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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39509

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2517

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2142 Erick Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2142 Erick Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emilie L. Hutcherson

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 Widow

6. (b) Name of husband or wife John H. Hutcherson
6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased September 7, 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Christ Graf
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Claude A. Hutcherson
(b) Address 2142 Erick Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 12 1941 (Date received local registrar) (b) P. G. McGowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10, year 1941 hour 7:30 PM minute ..... M.

21. I hereby certify that I attended the deceased from June 28, 1941, to Dec 10, 1941, that I last saw her alive on Dec 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Coronary Thrombosis

Due to

Due to 94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Walter E. Harrod (M. D. or other)
Address 60 B Kingsland St Louis Date signed 12-12-41

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(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Hampton

Licensed Embalmer No. 2967

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, fact should be so stated above.