

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2823 Sheridan Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2823 Sheridan Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th  
year 1942 hour 2 minute 35 a.m.

21. I hereby certify that I attended the deceased from Jan 2nd  
1942 to Jan 4th 1942  
that I last saw him alive on Jan 2nd  
and that death occurred on the date and hour stated above.  
Immediate cause of death: cerebral hemorrhage  
Duration

Due to prob. Hypertension  
arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Hypertension  
Paralysis Rt side  
Of autopsy none

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 J. J. Whistler (M. D. or other)  
Address 2143 Franklin Ave. Date signed

3. (a) PRINT FULL NAME Rache Hutchinson

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

4. Sex Male 9 5. Color or race Negro 2 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown about 1856  
(Month) (Day) (Year)

8. AGE: Years abt. 85 Months Days If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Joe Hutchinson

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

14. Maiden name Unavailable

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

16. (a) Informant Mildred Wheeler

(b) Address 4436 Evans Avenue

17. (a) Burial (b) Date thereof 1/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas J. Gater

(b) Address 4107-09 Finney Avenue

19. (a) JAN 10 1942 (b) J. T. Brudeck  
(Date received local registrar) (Registrar's signature)

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

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100

**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.....  
James Arthur Johnson Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

3522

P. O. Address..... 4107 Finney Ave.

**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.**