

FILED APR 13 1942
791

Registrar's No. **2485**

Registration District No. _____

Primary Registration District No. **1003**

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: **St. Luke's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **10215 Manchester Rd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James M. Hutchinson**

3. (b) If veteran, name war **None** 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 **Harriet Hutchinson** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **July 27 1878**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **21** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Sugar Broker**

11. Industry or business _____

MOTHER FATHER
12. Name **James Hutchinson**
13. Birthplace **Toronto Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **Emeline Murry**
15. Birthplace **Toronto Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Hutchinson**
(b) Address **10215 Manchester Rd.**

17. (a) **Burial** (b) Date thereof **3/20/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Wagoner Und. Co.**

(b) Address **3621 Olive St. Louis, Mo.**

19. (a) **MAR 19 1942** (Date received local registrar)
J. F. Puckett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**
year **1942** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Aug 6 1941** to **March 18 1942**
that I last saw him alive on **March 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **metastatic carcinoma of brain**
Duration _____

Due to **primary carcinoma unknown**

Due to **5H**

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

Major findings: Of operations **metastatic carcinoma**

Of autopsy **5H**

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) (c) Means of injury _____

23. Signature **Bruce Kenamore** (M. D. or other) _____
Address **3720 Washington St. Louis** Date signed **3-18-42**

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

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.....

Robert T. Sangster

Registered Apprentice No. **259**

working under my personal supervision.

Signed.....

Merle B. Frohwitter

Licensed Embalmer No. **3696**

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.