

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 7 01
Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

8784
State File No. _____
Registrar's No. 2191

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1934 Sample Ave.
(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)

3. (a) PRINT FULL NAME Fred F. Jutton
3. (b) If veteran, name war no
3. (c) Social Security 490-01-7214

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Tyra Jutton
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 25 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 13 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Reid Murdock Co

12. Name John Jutton

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

14. Maiden name Alice Frost

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

16. (a) Informant Tyra Jutton

(b) Address 1934 Sample Ave

17. (a) Burial (b) Date thereof Mar 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Hartal
(b) Address 1905 Union Blvd.

19. (a) MAR 10 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 009
(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1934 Sample
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Mar day 8 year 1942 hour _____ minute 3 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Sclerosis
Chronic Meningitis
Due to _____ (Non-Epidemic)
Due to _____

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

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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 Alfred Perry (M. D. or other) _____
Address _____ Date signed 3/10/42

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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, fact should be so stated above.