S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22847

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6669

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 2025 Eugenia St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DEECEASED:
(a) State Mo (b) County 000 17
(c) City or town St. Louis 922 (If outside city or town limits, write "RURAL")
(d) Street No. 2025 Eugenia St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES. H. Hutchins
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race Negro
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 Dec 25, 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Sumpterville Ala (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....

FATHER
12. Name Unk
13. Birthplace Unk Unk (City, town, or county) (State or foreign country)

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

16. (a) Informant Rosie Hutchins
(b) Address 2025 Eugenia St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Pk.
18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas ave
19. (a) AUG 7 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day July year 1942 hour 6:08 minute PM.
21. I hereby certify that I attended the deceased from July 1 1942 to July 30 1942 that I last saw him alive on July 30 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Regurgitation	14 yr.
Due to —	
Due to —	
Other conditions Ascites (Dropsy) (Include pregnancy within 3 months of death)	1 mo.

Major findings:
Of operations no
Of autopsy no

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 L. E. Vincent (M. D. or other)
Address 2336 Market Date signed 7-31-42

(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 Eileen English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.