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

34824

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2237

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Raymond ave near Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 1
(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Raymond ave near Prospect
(If rural, give location)
(e) Citizen of foreign country Naturalized (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dr. David J. Kutcher

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Nov. (Month) 9 (Day) 1886 (Year)

8. AGE: Years 55 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Minsk (City, town, or county) U.S.S.R. (State or foreign country) 6
10. Usual occupation Physician
11. Industry or business

FATHER
12. Name Jacob Kutcher
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country) 6

MOTHER
14. Maiden name Rachel Goodsite
15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country) 6

16. (a) Informant Will Kutcher
(b) Address Sioux City Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/27/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sioux City Iowa
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) OCT 27 1942 (Date received local registrar) (b) G. M. Garvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1942 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct 26, 1942 to Oct 26, 1942 that I last saw him alive on Oct 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
pulmonary embolis	
emphysema	
general arterio sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

113

Major findings:
Of operations
Of autopsy se above

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 0
23. Signature [signature] (M. D. or other)
Address Humboldt bldg Date signed 10/27/42

10 11 (Licensed Embalmer's Statement on Reverse Side)

DEC 1 1944

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.....

Licensed Embalmer No.....

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.