

S. No. 2
M-5-42
7-5-17-39
#1 X32873

38052

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 184

Primary Registration District No. 111

Registrar's No. 2401

9689
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo. (b) County..... 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL.")

(d) Street No. 3033 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... /

3. (a) PRINT FULL NAME Harry Grant Hutchings

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/8/42
..... 19..... to 11/16/42 19.....
that I last saw h. 17 alive on 11/16/42 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helena A. Hutchings 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 15 1874
(Month) (Day) (Year)

Immediate cause of death.....
Acute Intestinal Obstruction due to adhesive band

Due to.....

Due to.....

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

Duration 40 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

68 5 1 hr. min.

9. Birthplace New York N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Mail Clerk

11. Industry or business Retired

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Weber

(b) Address 3016A Belt Ave.

17. (a) Burial (b) Date thereof 11-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 17 1942 (b) H. M. Carran
(Date received local registrar) (Registrar's signature)

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.....

23. Signature Helen Weber M.D. or other.....
Address 634 N. Grand Date signed 11/17/42

copies 340 12/1/42

707

DEC 3 - 1942

Mr. Heister, Body.
12-4

NOV 24 1942

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..... *Albert A. Thompson Jr.*
Licensed Embalmer No. *4237*
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.