

FILED FEB 4 1943

826

Registration District No. 1818

Primary Registration District No. 1818

Registrar's No.

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 hour
(Specify whether

In this community..... Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

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

(d) Street No..... 5710 Stratford Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Julia E. McCutcheon

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Female 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widow

6. (b) Name of husband or wife..... Harry J. McCutcheon

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 19, 1874
(Month) (Day) (Year)

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

68 7 6 hr. min.

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

10. Usual occupation..... At home

11. Industry or business.....

12. Name..... August Kahle

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Harry J. McCutcheon

(b) Address..... 4437 Catherine Pl.

17. (a) Burial (b) Date thereof..... 1/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) JAN 27 1943 (b) J. J. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 25th
year..... 1943 hour..... 3:00 PM minute.....

21. I hereby certify that I attended the deceased from Jan 25 8:30 AM 1943 to Jan 25 1943
that I last saw her alive on 12:30 PM 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis

Due to..... Chronic Hypertension
Chronic nephritis

Due to..... Intestinal Obstruction

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

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... As above

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..... A. J. Gettings (M. D. or other)

Address..... 2745 N Grand Date signed.....

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

MOTHER FATHER

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.....

Francis A Williamson

Licensed Embalmer No.....

3565

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.