S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12294

FILED APR 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3133

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 16 days (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 422

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

(d) Street No. 2708a Chouteau
(If rural, give location)

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

3. (a) PRINT FULL NAME George Hutchinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Col

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 4-2 (Month) 14 (Day) 1882 (Year)

8. AGE: Years 60 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Teamster

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russeville (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Ky (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mary Hutchinson
(b) Address 2708a Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Wash Greenwood

18. (a) Signature of funeral director J. Watson
(b) Address 2769 Chouteau

19. (a) APR 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29, year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from February 13, 1943, to March 29, 1943; that I last saw him alive on March 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	Indef.
Due to Vesical Calculi	Indef.
Hydronephrosis	Indef.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

134b

Major findings:
Of operations
Of autopsy

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 O

23. Signature G. K. Heet (M. D. or other)
Address 2601 Whittier Date signed 3/31/43

767

(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 S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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.