

FILED JUN 4 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**Main St. at Osceola, 3 Mo. Pacific Tracks,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
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. **4440 So. Main St.,**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **John Emil Hutter,**

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

4. Sex **Male,** 5. Color or race **White,** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Louise Hutter,** 6. (c) Age of husband or wife if alive **46** years  
7. Birth date of deceased **November 5 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 6 17** ..hr. ..min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer,**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Hugo Hutter,**  
13. Birthplace..... **Germany,**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Marie Haubrick,**  
15. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Louise Hutter,**  
(b) Address..... **4440 So. Main St.,**

17. (a) **Burial,** (b) Date thereof **5/26/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New SS. Peter & Paul Cem.**

18. (a) Signature of funeral director..... **Gibben - Long Mortuary**  
(b) Address..... **2842 Meramec St.**

19. (a) **MAY 2 1943** (b) **J. F. Bueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**  
year **1943** hour..... minute..... M.

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

Immediate cause of death..... **Decapitation, when he**  
**was run over by a Missouri Pacific**  
**train, exact number and operator**  
**unknown, exact time unknown, in**  
**front of 4440 S. Main St.**

Due to..... **ACCIDENT**

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

Major findings:  
Of operations..... **145**  
Of autopsy..... **40**

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)..... **ACCIDENT 000**

(b) Date of occurrence..... **Unknown**

(c) Where did injury occur?..... **St. Louis, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
..... **public place**  
(Specify type of place)

While at work?..... (e) Means of injury..... **3**

23. Signature..... **W. H. Perry** (M. D. or other)  
Address..... **Slippery** Date signed **5/26/43**

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**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.....me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Joe S. Benz*

Licensed Embalmer No. 4249  
2842 Meramec St.,  
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.**