

REG. JUL 13 1943 318

1003

Registration District No.

Primary Registration District No.

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:  
4129 Laclede Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME..... George W. Hutchinson

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..... Mary J. Hutchinson  
6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased..... August 24 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 8 hr. min.

9. Birthplace..... New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Proprietor

11. Industry or business..... Rooming House

MOTHER FATHER  
12. Name..... Asa Hutchinson  
13. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Sarah Hosiord  
15. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Hutchinson  
(b) Address..... 4129 Laclede Ave

17. (a) Burial (b) Date thereof. July 5 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... Peetz Brothers  
(b) Address..... 3029 Lafayette Ave

19. (a) JUL 3 1943 (b) J. F. Breese  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. .... 4129 Laclede Ave (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 2nd day..... July  
year..... 1943 hour..... 2:55 minute..... A. M.

21. I hereby certify that I attended the deceased from  
June 27, 1943, to July 2, 1943  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchial pneumonia 6 days  
Duration  
Due to..... 93  
Due to.....  
Other conditions..... Chronic myocardial changes second year  
(include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place)  
(d) Means of injury.....

23. Signature..... Wright L. Jamies (M. D. brother)  
Address..... 4660 Maryland Date signed..... 7-2-43

**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 J. Owens

Licensed Embalmer No. 2245

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.