. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22406

FILED JUN 24 1943

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1422

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1031 E. Park
(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 Mo. (b) County St. Louis 96 3
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 E. Park
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James T. Hutson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Anna Hutson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 10, 1864. (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired Electrical Worker
11. Industry or business
FATHER
12. Name James Hutson
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)
MOTHER
14. Maiden name Elizebeth Cook
15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)
16. (a) Informant Mrs. Amanda Dillon
(b) Address 1031 E. Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/43. (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JUN 19 1943 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 12.50 minute P.M. M.
21. I hereby certify that I attended the deceased from Feb 15, 1943, to June 17, 1943
that I last saw him alive on June 9, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 0
23. Signature Henry C Westerman (M. D. or other) M.D.
Address 2136 E. Grand Blvd Date signed 6-18-43

229
24/43

747 (Licensed Embalmer's Statement on Reverse Side)

Dr. Henry C. Westerman
2136 East Grand Blvd.,
GA. 5169
1-5 7-8 P.M.

JUN 25 1948

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.