

No. 5-45
5-17-39
X36871

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: 3649 LACLEDE AV.
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 17
(c) City or town ST. LOUIS
(d) Street No. 3649 LACLEDE AV.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BRIDGET HUTCHINSON.
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 15
year 1944 hour 03 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov 20-1943
1942 to Jan 15 1944, 1944

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE HUTCHINSON
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased about 1887

that I last saw h. alive on and that death occurred on the date and hour stated above.
Immediate cause of death: Endocarditis Chronic
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years about 56
Months
Days
If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

12. Name

13. Birthplace (City, town, or county) (State or foreign country) UNKNOWN 9

14. Maiden name UNKNOWN

15. Birthplace (City, town, or county) (State or foreign country) UNKNOWN 9

16. (a) Informant Mrs. Geo. Hutchinson

(b) Address 3649 Laclede Av.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof JAN 16 1944 (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOSEPH, MO.

18. (a) Signature of funeral director E. J. Schmur.
(b) Address 3125 Lafayette St.
19. (a) JAN 16 1944 (Date received local registrar) (b) G. F. Brebeck (Registrar's signature)

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) (e) Means of injury
23. Signature (M. D. or other)
Address 1316A m Grand Date signed 1-16-44

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

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 *jos B Vollmer*.....

Licensed Embalmer No. *21014*.....

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.

474
460

Registration District No. 318

Primary Registration District No. 1003

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: _____
(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

3. (a) PRINT FULL NAME Bridget Hutchinson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced in

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

7. Birth date of deceased about 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day att 66 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) FEB 17 1944 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____ (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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

