

FILED JUL 15 1944

State File No. \_\_\_\_\_  
Registrar's No. **6116**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days**  
(Specify whether \_\_\_\_\_)  
In this community **0**  
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. **2818 Ohio Av.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **10**

3. (a) PRINT FULL NAME **William Hutt**

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

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ANNA HUTT**  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **JANUARY 9 1875**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **29**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **NIL**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **CHARLES HUTT**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **TERESA KISTLER**  
15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Hutt**  
(b) Address **2818 Ohio av.**

17. (a) **BURIAL** (b) Date thereof **JULY 11/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **E. J. Schmur**  
(b) Address **3125 Lafayette av.**

19. (a) **JUL 10 1944**  
(Date received local Registrar) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**  
year **1944** hour **3** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **6/29/44**  
19 **44** to **July 8th** 19 **44**  
that I last saw him alive on **July 8th** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myeloblastic leukemia**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to **74**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **Wesley W. Maden** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **7/10/44**

**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

*Joseph B. Vollmer*

Licensed Embalmer No. 4014

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**