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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11321

Registrar's No. 3523

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:
4120 Blaine 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4120 Blaine Ave. 18
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Hutson

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Talmon Hutson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 10 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	11	10	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Tom Emory
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) /

MOTHER
14. Maiden name Amanda Breverson
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) /

16. (a) Informant Talmon Hutson
(b) Address 4120 Blaine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sligo, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 20 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from June 12 '43 to April 20 - 45 '45
that I last saw her alive on 4-19 '45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemmorrhage

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [illegible] (M. D. or other)

Address 1446 S. Grand Date signed 4-20-45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.