. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 3 9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21274

Primary Registration District No. 6076

Registrar's No. 1207

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson between Scott & Scudder
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 6

(c) City or town Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson between Scott & Scudde
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Hutchenson

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 9

5. Color or race Negro

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

6. (b) Name of husband or wife Maggie Hutchin

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 18 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	11	26	hr. min.

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

10. Usual occupation City of St. Louis

11. Industry or business Garbage Dept.

FATHER
12. Name Parks Hutchenson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Maul

(b) Address Jefferson between Scott & Scudder

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C.W.Roberts

(b) Address 1416 No. Taylor ave

19. (a) MAY 25 1945 (Date received local registrar) E. G. McGauran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 15th year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 9th, 1945 to May 15th, 1945 that I last saw him alive on May 14th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial nephritis

Due to Infirmities of Old Age,

Due to 131a

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 0

23. Signature J. L. Dusen (M. D. or other)

Address Kirkwood Mo. Date signed 5/17/45

(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. Fulton E Calkin

Licensed Embalmer No. 4198.

P. O. Address 1215 James St Louis 13

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.