

FILED NOV 20 1945

Registration District No. _____

1003

Registrar's No. 10030

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 5800 Cole Boulevard
(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

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

(d) Street No. 5399 Theodora
(If rural, give location)

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

If yes, name country _____

3. (a) Springer Hutchinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 19
year 1945 hour 8 minute 05 A. M.

4. Sex Male 5. Color or race Wh

6. (a) 2 Single, widowed, married, divorced

6. (b) Name of husband or wife Rosie

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

7. Birth date of deceased June 27 1864
(Month) (Day) (Year)

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

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 81 Months 4 Days 22 hr. _____ min. _____

Due to Coronary Thrombosis

Due to 94th

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Carpenter

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER, FATHER {

12. Name Mike

13. Birthplace Illinois
(City, town, & county) (State or foreign country)

14. Maiden name Mike

15. Birthplace Illinois
(City, town, & county) (State or foreign country)

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? _____

16. (a) Informant Archie H. Hutchinson

(b) Address 1923 Hediamont

17. (a) Burial (b) Date thereof 11-21-45
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra

18. (a) Signature of funeral director Stuart

(b) Address 1225 Union Blvd

19. (a) NOV 20 1945 J. F. Bredeek
(Date received for registration) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 3

23. Patrick E Taylor
(Signature) (Address) (Date signed)

Address 1300 Clark Date signed 11-20-45

STATE OF OHIO

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.