

FILED DEC 28 1945
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. **39598**
Registrar's No. **11096**

Registration District No. _____

Primary Registration District No. _____

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:
902 Penrose Str /
(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. 902 Penrose Str
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John A Northcutt

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-401

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Northcutt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 5 Th 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 ----- 1 -- 13 -- hr. _____ min.

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

10. Usual occupation Maintains Man Malone Electric

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Alice Northcutt
(b) Address 902 Penrose Str 1945

17. (a) Burial (b) Date thereof Dec 22 D
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Kohl
(b) Address 3516 N 14 Th Str

19. (a) DEC 19 1945 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1945 hour 5:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12/16 1945 to 12/18 1945
that I last saw him alive on 12/17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease Duration 6-7 yrs

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 Edward Kohl (M. D. or other) DO
Address 5319 Rowena Date signed 12/19/45

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

MOTHER FATHER

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.....

Rex D Campbell

Licensed Embalmer No.....

P. O. Address.....

*3881
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.