

FILED JAN 25 1946
318

Registration District No. _____ Primary Registration District No. _____

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: Pronounced dead at
Homer G. Phillips Hosp., 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 yrs.

3. (a) PRINT FULL NAME BRANCIE HUTT

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-22-2386

4. Sex Male 5. Color or race cue

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 15 - 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 8
If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Charge line E. St. Louis Ill

MOTHER FATHER

12. Name unk

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

14. Maiden name Mellie unk

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

16. (a) Informant Blanche Williamson

(b) Address 3154 1/2 Easton ave

17. (a) Burial (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. Randle Egan

(b) Address 3133 Bell ave

19. (a) JAN 15 1946 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2228 1/2 Biddle Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany. day 13th
year 1946 hour 9:15 minute P M.

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 _____

Coronary Occlusion.

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)

(c) Means of injury _____

23. Signature Tobias E. Taylor (M. D. or other) 3

Address 1446 Date signed 1/14/46

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

2640

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

J. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 Cherokee

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.