

FILED MAR 18 1946
Registration District No. 317

Primary Registration District No. 3069

State File No. 10645
Registrar's No. 532-

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1330 Highland Terrace /
(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 Missouri (b) County St. Louis 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1330 Highland Terrace 3
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna L. Dutton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
2 - 3, 1946 to 3 - 1, 1946
that I last saw her alive on 2 - 24, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Dutton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7/9/1855
(Month) (Day) (Year)

Immediate cause of death _____
Chr. Myocarditis Duration 2 yrs

Due to Hem. Arterial Sclerosis 10 yrs

Due to _____ 93d

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

8. AGE: Years Months Days If less than one day

90	7	22	hr. _____ min.
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Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Newberry

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

14. Maiden name Electa Lewis

15. Birthplace U.S.A.
(City, town, or 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 R. M. Roney

(b) Address 1330 Highland Terrace

17. (a) Removed (b) Date thereof 3/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Jerseyville Ill

23. Signature Boston Bohannon (M. D. or other) Yes
Address 2602 South Grand Ave Date signed 3/3/46

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road

19. (a) 3-4-46 (b) B. M. Garman
(Date received local registrar) (Registrar's signature)

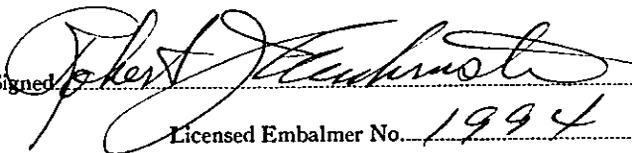
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
3
3
9557

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 .....
Licensed Embalmer No. 1994.....

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.