

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28604

State, File No. _____
6768
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

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: St. Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 hours
(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. 3339 South 2nd St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patrick Michael Dutton
3. (b) If veteran, name war *****
3. (c) Social Security No. *****

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 31
year 1946 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from 7-30-46 to 7-31-46
that I last saw him alive on 7-31-46
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 7 22 45
(Month) (Day) (Year)

Immediate cause of death _____
Due to Abdominal Tumor (Wills Tumor?)
Due to _____
Other conditions (include pregnancy within 3 months of death) 57E
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
1 0 2 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name James Dutton

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

14. Maiden name Gertrude Cecil

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

16. (a) Informant Garnet Cecil
(b) Address 3339 S. 2nd St

17. (a) Burial (b) Date thereof August 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter and Paul Cemetery

18. (a) Signature of funeral director Ziegenfuss Bros
(b) Address 6409 Gravois Ave

19. (a) AUG 2 1946 (Date received local registrar)
J. F. Brodeur (Registrar's signature)

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)
(e) Means of injury _____
23. Signature M. J. Kuyper (M. D. or other)
Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER . 22

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..... *Homer V. Drutz*

..... Licensed Embalmer No..... *3882*

..... 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.