

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 3063

State File No. 34620

Registrar's No. 2078

1. PLACE OF DEATH:

(a) County Clayton ST. LOUIS  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7752 Kingsbury  
(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 Clayton  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7752 Kingsbury  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME James Albert Hutchison Sr.

3. (b) If veteran, name war World War 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Letitia 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 26 1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James C Hutchison

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

14. Maiden name Birna

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

16. (a) Informant Paul Moll

(b) Address 4936 West Pine

17. (a) Removal (b) Date thereof 10 5 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (c) Signature of funeral director Jay B. Smith Funeral Home

(b) Address 7456 Manchester Ave Maplewood

19. (a) 10-7-46 (b) Ruth Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4  
year 46 hour 7 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death natural causes

Due to 200a

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

XXXXX

22. If death was due to external causes, fill in the following: Natural causes.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Oct. 4, 1946

(c) Where did injury occur? Clayton, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Nat. Causes

23. Signature Arnold J. Willmann (M.D. or other) Comm.  
Address Clayton, Mo. Date signed 10/8/46

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

MOTHER FATHER

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**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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

*No Embalming*  
Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**\* 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.**