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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11821

Primary Registration District No. 3069

Registrar's No. 526

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: St. Mary's Hospital
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: Montgomery

(c) City or town: Silver Springs
(If outside city or town limits, write "RURAL")

(d) Street No.: 1325 Dale Dr.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Paul L. Hutchins

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknwon

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Goldie Hutchins

6. (c) Age of husband or wife if alive: Unk. years

7. Birth date of deceased: June (Month) 27 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
49	8	12	hr. ..... min.

9. Birthplace: Charlestown (City, town, or county) N. Hampshire (State or foreign country)

10. Usual occupation: Representative

11. Industry or business: American Red Cross

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Ida M. Unknown

15. Birthplace: N. Hampshire (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Goldie Hutchins

(b) Address: 1325 Dale Dr., Silver Springs, Md.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Silver Springs, Md.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) 3-11-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 9th year: 1947 hour: 1 minute: 18 A.M.

21. I hereby certify that I attended the deceased from Feb 26, 1947 to March 9, 1947 that I last saw him alive on March 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Occlusion of Coronary Artery	12 days
Due to: Arteriosclerotic Heart Disease	Uncertain
Due to: 9 3d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....

Of autopsy: Confirmed diagnosis given above

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)

While at work? ..... (e) Means of injury .....

23. Signature: J. C. Brown (M. D. or other) MD

Address: 1325 S. Grand Blvd. Date signed: 3/9/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1947

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. Allen Davis Jr.

Licensed Embalmer No. 4053

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.