

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947 #48667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15215
Registrar's No. 3979

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township) St. Louis
(c) Name of hospital or institution: St. Louis City Hospital - ex C. Starkloff
(If not in hospital or institution, write street number or location) 4716a Kensington Ave.,
(d) Length of stay: In hospital or institution. 11 days
In this community Newborn (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 4716a Kensington Ave., 129
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Sandra Linn Hutchinson
(b) If veteran, name war --- (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased April 5th, 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business Nil

12. Name William Hutchinson

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

14. Maiden name Irene Spivey (City, town, or county) (State or foreign country)
15. Birthplace Nashville, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant William E. Hutchinson
(b) Address 4716a Kensington Ave.

17. (a) Burial (b) Date thereof 4-17-47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address APR 16 1947 700 Washington Blvd.

19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1947 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from 4/5/47 to April 16th 19 47 that I last saw her alive on April 16th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: 1 Diarrhea - probably epidemic diarrhea of new type
Due to 2 Bilal. 3 Cephalohematoma
Duration

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

Major findings: Of operations: 1/6/47
Of autopsy: 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 of injury. 0

23. Signature 1515 Lafayette (M.B. Grother) 4/18/47
Address Date signed

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

APR 16 1947

(Licensed Embalmer's Statement on Reverse Side)

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

Henry M. Brammer

Licensed Embalmer No. 4200

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.