S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32632

Registrar's No. 9251

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution SIX WEEKS (Specify whether
In this community 19 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7 (If outside city or town limits, write "RURAL")
(d) Street No. 1113 S. ROCKHILL RD. 4 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME CHARLES WALKER HUTCHISON
3. (b) If veteran, name war NO!
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MILDRED HUTCHISON
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased JAN. 21 1904 (Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 12 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CLERK
11. Industry or business LACLEDE GAS CO.
FATHER
12. Name WALKER HUTCHISON
13. Birthplace DIXON (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name LOUISE WALKER
15. Birthplace UNKNOWN (City, town, or county) MASS. (State or foreign country)
16. (a) Informant MILDRED HUTCHISON
(b) Address 1113 S. ROCKHILL RD. W. G.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation HIRAM CEMETERY
18. (a) Signature of funeral director Rickerd Co
(b) Address WEBSTER GROVES MO.
19. (a) OCT 6 1947 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct. 1944, 19 to Oct. 3rd 1947 that I last saw him alive on Oct 3rd 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension cardio vascular disease	3 years
Due to with Nephrosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0

23. Signature H. W. Rickerd M. D. or other
Address 1 E. Rockwood Date signed 10/6/47

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

Jefferson City Printing Co.

(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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

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.