. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43820
Primary Registration District No. 6076
Registrar's No. 2725

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Strecker Road 3
(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 St. Louis 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Claytonia Terrace 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Clinton Hutcheson
3. (b) If veteran, name war World War II
3. (c) Social Security No. 497-01-0943
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife Sallie Hemphill
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2/28/1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	9	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Accountant
11. Industry or business St. Louis Armature Service Co
FATHER
12. Name John A. Hutcheson
13. Birthplace Mercer, Pennsylvania (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Alice Reed
15. Birthplace Mercer Pennsylvania (City, town, or county) (State or foreign country) 1
16. (a) Informant Chester H. Bangs
(b) Address 1139 Claytonia Terrace, St. Louis
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mercer, Pa.
18. (a) Signature of funeral director Robert J. Ambruster,
(b) Address 6633 Clayton Road, St. Louis 17, Mo.
19. (a) 12-28-47 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from
19 , to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death self-administered carbon monoxide poisoning	
Due to 1630	
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) Suicide
(b) Date of occurrence Dec. 26, 1947.
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Seated in car on public road. (Specify type of place)
While at work? (e) Means of injury Asphyxia
23. Signature Arnold J. Willmann (M. D. or other) Coroner 3
Address Clayton, Mo. Date signed 12/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 8 1948

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.