No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6520
Registrar's No. 1429

Registration District No. 318 — Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3002A Louisiana Ave.
(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 000
(c) City or town Saint Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 16 3002A Louisiana Ave. 9
(If rural, give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Roy Hutson
3. (b) If veteran, name war
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 Annie L. Hutson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 24, 1885. (Month) (Day) (Year)

8. AGE: Years 62. Months 3 Days 14 If less than one day hr. min.

9. Birthplace Arkansas. (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER 12. Name James B. Hutson
13. Birthplace Perryville, Missouri. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Frances Hudson
15. Birthplace Perryville Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Annie L. Hutson
(b) Address 3002A Louisiana Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.
18. (a) Signature of funeral director Siegenhein Bros.
(b) Address 6409 Gravois Ave.
19. (a) FEB 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th. year 1948. hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb. 2d 1948 to Feb. 8th 1948 that I last saw him alive on 2-8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 wk.
Due to Myocarditis (chr)	
Due to	
Other conditions (include pregnancy within 3 months of death) Chr. Fibrous Tuberculosis	

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

23. Signature B. B. Johnson (M. D. or other) M.D.
Address 2602 S. Grand Date signed 2-9-48

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.