S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 347

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11076

Registrar's No. 651

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 62
(c) City or town Fredericktown, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME HUTCHINS, Ira G.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March (Month) 4 (Day) 1882 (Year)

8. AGE: Years 66 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Bakersville, North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Unavailable
11. Industry or business
FATHER
12. Name Unavailable
13. Birthplace "
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unavailable
15. Birthplace "
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jeff. Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. J.B. Mo
18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy. St. Louis, Mo.
19. (a) 3-9-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 11:55 minute A M.
21. I hereby certify that I attended the deceased from March 8, 1948, to March 8, 1948;
that I last saw him alive on March 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE PANCREATIC NECROSIS. ACUTE PERITONITIS WITH ABSCESS FORMATION
Contributory cause: CHRONIC CHOLECYSTITIS AND CHOLELITHIASIS
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Autopsy performed
(See cause of death)

Duration

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) None
(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? (Means of injury)
23. Signature L. E. Stilwell (M.D.)
Address Jefferson Barracks, Mo. Date signed 3/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 6 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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.