

BUREAU OF THE CENSUS
FILED JUL 22 1948

State File No.

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **6108**

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence - 5040 Vernon 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)

3. (a) PRINT FULL NAME Laura Wilcoxson Hutton

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William G. Hutton
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July - 12 - 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 27 hr. min.

9. Birthplace Winchester, Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John Fritts
 13. Birthplace Carlisle, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice A. Stapleton
 15. Birthplace Henry County, Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant John G. Hutton
 (b) Address 334 East Jefferson, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 7/10/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri.18. (a) Signature of funeral director C.R. Lupton & Sons(b) Address 7233 Delmar Blvd

19. (a) JUL 9 1948 (Date received local registrar)
 (b) J.P. Breda (Registrar's signature)

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. 5040 Vernon Ave 9
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
 year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from
Mar. 5, 1938, to July 9, 1948
 that I last saw her alive on July 9, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Reticulum-cell Lymphosarcoma 14 months
 Duration

Due to 55

Due to _____

Other conditions Chronic Bronchitis 10 years.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Hiram B. Huggitt (M. D. or other) M.D.Address 3720 Oakliff Blvd Date signed 7/9/48

JUL 9 1948

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blvd
Jeff 15-5-1
1 - 4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.