

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27847

State File No. _____

7607

FILED SEP 13 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County None

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3514 Cozens Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 38 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3514 Cozens
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th,
year 1948 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug-1-48
1948 to Aug-30-1948

that I last saw him alive on Aug 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
broncho-pneumonia

Due to _____

Due to _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Other conditions _____
(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 _____

Signature J. H. Hall (M. D. or other) _____

Address Roosevelt Hotel Date signed 8/30/48

3. (a) PRINT FULL NAME HUTCHINSON, James M.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 25, 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Clarksville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Ned Hutchinson

13. Birthplace Dotsonville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Jane Johnson

15. Birthplace Dotsonville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Davis

(b) Address 3514 Cozens Avenue

17. (a) Burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gatas

(b) Address 4107 Finney Avenue

19. (a) AUG 30 1948 (Date received local registrar)

J. F. Brecken (Registrar's signature)

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

MOTHER FATHER

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.....

John K. Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John K. Cunningham

Licensed Embalmer No..... 4476.....

P. O. Address..... 4107 Finney Avenue.....

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.