S. No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39276

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2909

4005

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1109 Claytonia Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouris
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 49 Richmond Heights 4495
d. STREET ADDRESS (If rural, give location): 1109 Claytonia Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Asa
c. (Last): Hutcheson

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 11, 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months -- Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Retail Shoe Store
11. BIRTHPLACE (State or foreign country): Stoneboro, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Asa Hutcheson
13b. MOTHER'S MAIDEN NAME: Mary English
14. NAME OF HUSBAND OR WIFE: Alice Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-22-4880A
17. INFORMANT'S SIGNATURE OR NAME: Frank R. Hutcheson, 1109 Claytonia Tr. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Chorea ?
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 15, 1949, *to* June 15, 1950, *that I last saw the deceased alive on* June 15, 1950, *and that death occurred at* 12:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE: Stephen R. Vichtarsic (Degree or title) MD
23b. ADDRESS: 35 N. Central, Clayton, Mo.
23c. DATE SIGNED: Dec 4, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/5/50
24c. NAME OF CEMETERY OR CREMATORY: Mercer Cemetery
24d. LOCATION (City, town, or county) (State): Mercer, Pennsylvania

DATE REC'D BY LOCAL REG.: 12/4/50
REGISTRAR'S SIGNATURE: Herbert R. Jones M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.

(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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 1994

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.