

No. 300
6-48

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Reg. # 89331

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39402**
Registrar's No. **2686**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 16 DAYS		d. STREET ADDRESS (If rural, give location) 2942 BELL AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED a. (First) HENRY (Type or Print)			b. (Middle) _____			c. (Last) HUTSON			4. DATE OF DEATH NOVEMBER 5, 1950 (Month) (Day) (Year)		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3		8. DATE OF BIRTH 10-5-1895		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) BRINKLEY, ARKANSAS				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME WILL HUTSON			13b. MOTHER'S MAIDEN NAME WILLIE GARRETT			14. NAME OF HUSBAND OR WIFE DIVORCED					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I			16. SOCIAL SECURITY NO. 717017795			17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION ANEURYSM OF AORTA						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 months	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						022X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					

22. I hereby certify that I attended the deceased from 10-21-50, to 11-5-50, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE L.C. Stowell (Degree or title) D M.D.			23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.			23c. DATE SIGNED 11-5-50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-9-50		24c. NAME OF CEMETERY OR CREMATORY NAT'L CEMETERY JEFF BRKS MO		24d. LOCATION (City, town, or county) (State) _____			
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DATE REC'D BY LOCAL REG. 11-8-50		REGISTRAR'S SIGNATURE M. Donke			25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, 4107 Finney, St. Louis, Mo					ADDRESS _____		
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(Licensed Embalmer's Statement on Reverse Side)

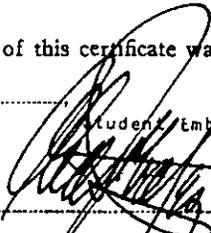
JUN 25 1951

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.....

working under my personal supervision.

Signed.....



Student Embalmer No.....

Signed.....

Student Embalmer

Licensed Embalmer No. 1825

P. O. Address 407 Irving St. W. Sec

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.