

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2638

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEPER 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARIAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) OLIVE	a. (First)	b. (Middle)	c. (Last) HUTSELL	4. DATE OF DEATH JAN 3 1951	(Month)	(Day)	(Year)
5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH AUG 13 1883	9. AGE (In years last birthday) 67 YRS	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME FRANK Hoover	13b. MOTHER'S MAIDEN NAME Mary Lalandear	14. NAME OF HUSBAND OR WIFE WALTER S. HUTSELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mr. Walter S. Hutcell Leper Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Primary		6 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gall Bladder		
	DUE TO (c)		
	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)	21f. HOW DID INJURY OCCUR? 153X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 7/11, 1950, to 1/3, 1951, that I last saw the deceased alive on 1/3, 1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE Mitchell L. Bartmick M.D.	23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 1/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN-6-51	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. JAN 5 1951	REGISTRAR'S SIGNATURE J. B. Kasater	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurr	ADDRESS 3125 Lafayette av
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joseph Volante*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Piquette

**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.