

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6246

FILED MAR 2 1951

State File No.

1517

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				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 St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6169 Bertha				e. STREET ADDRESS (If rural, give location) 6169 Bertha				
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) c. (Last) Hutchinson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1951					
5. SEX Female ³	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed ²		8. DATE OF BIRTH Dec. 25, 1885		9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Charles County, Mo., ⁰		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ? Lovell			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ada Cooper				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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 1-year	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H.P.P. 2				
22. I hereby certify that I attended the deceased from Jan 19, 1951 , to Feb 9, 1951 , that I last saw the deceased alive on Jan. 24, 1951 , and that death occurred at 11 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE W. A. G. Clark, M.D. (Degree or title)				23b. ADDRESS 2748 A Franklin		23c. DATE SIGNED 2-14-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-51	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.,			
DATE REC'D BY LOCAL REG. FEB 1 1951		REGISTRAR'S SIGNATURE J. B. Rosater		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Doan		ADDRESS 1221 N. Grand		

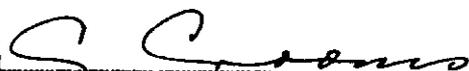
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1321 N Grand

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.