

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1007

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2249</u> OR TOWN <u>St. Louis,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital,</u>		d. STREET ADDRESS (If rural, give location) <u>2917a Potomac St.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>K.</u> c. (Last) <u>Hutter,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 30, 1951</u>
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5. SEX <u>Female,</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>	8. DATE OF BIRTH <u>July 20, 1896</u>	9. AGE (In years last birthday) <u>54</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home,</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Kern,</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John E. Hutter, (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Hylla,</u>	ADDRESS <u>3854a Missouri Ave.,</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	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. <u>Hypertensive Cardio-Vascular Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>260X</u>

22. I hereby certify that I attended the deceased from Jan 14, 1951, to Jan 30, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at 6:55P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. W. Czubinski M.D.</u>	23b. ADDRESS <u>3701 Grand St.</u>	23c. DATE SIGNED <u>1/31/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>	24b. DATE <u>2/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri,</u>
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DATE REC'D BY LOCAL REG. <u>JAN 31 1951</u>	REGISTRAR'S SIGNATURE <u>J.B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>	ADDRESS <u>2842 Meramec St.,</u>
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(Licensed Embalmer's Statement on Reverse Side) St. Louis, 18, Mo.

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

John E. Percy

Signed.....

Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.