

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18891

State File No.

Registrar's No. 2337

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3068		Registrar's No. 2337	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (In this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7316 Gayola				d. STREET ADDRESS (If rural, give location) 7316 Gayola			
3. NAME OF DECEASED (Type or Print) LUTHER		a. (First) L		b. (Middle) F		c. (Last) HUTCHINGS	
4. DATE OF DEATH (Month) (Day) (Year) June 1, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7-24-1884		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 10 Days 7		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		11. BIRTHPLACE (State or foreign country) Belgrade, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harvey Hutchings		13b. MOTHER'S MAIDEN NAME Fannie Hudson		14. NAME OF HUSBAND OR WIFE Josie O'Neal Hutchings			
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. 490-22-2699		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Mrs. T.C. Wagster, 2033 Big Bend Blvd. St. Louis, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion Sudden 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.) None				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? S					
22. I hereby certify that I attended the deceased from 1 June, 1951 , to June 1, 1951 , that I last saw the deceased alive on June 1, 1951 , and that death occurred at 8:00 m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. A. Luckey / Bray Hawk MD				23b. ADDRESS 4952 Maryland		23c. DATE SIGNED June 2, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-51		24c. NAME OF CEMETERY OR CREMATORY New Methodist Cem.		24d. LOCATION (City, town, or county) (State) Caladonia Mo.	
DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE Herbert P. Dombke MD		FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, 1438 Manchester Ave. Maplewood 17, Mo.			

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

H E Bungees

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.