

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2440

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Charles OR TOWN St. Charles c. LENGTH OF STAY (In this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 620 North Eighth Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY (If outside corporate limits, write RURAL and give township) St. Charles 0923
d. STREET ADDRESS (If rural, give location) 620 North Eighth Street

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur b. (Middle) M. c. (Last) Hutchison
4. DATE OF DEATH (Month) (Day) (Year) January 21 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 8, 1872 9. AGE (In years last birthday) 79 10. UNDER 1 YEAR Months 8 Days 13 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Confectioner 10b. KIND OF BUSINESS OR INDUSTRY Confectionery 11. BIRTHPLACE (State or foreign country) Sioux City, Iowa 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Anna (Emmons) Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL 16. SOCIAL SECURITY NO. NIL 17. INFORMANT'S SIGNATURE OR NAME Anna Hutchison--St. Charles, Mo. 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH Unknown
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 None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None 002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from December, 1951, to Jan. 21, 1952, that I last saw the deceased alive on Jan. 21, 1952, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE Don Z. Randall, M.D. (Degree or title) 23b. ADDRESS 207 N. 5th St. St. Charles, Mo. 23c. DATE SIGNED Jan. 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 24-1952 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.

DATE REC'D BY LOCAL REG. 1-24-52 REGISTRAR'S SIGNATURE Fannie Hamilton 25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dallmeyer & Sons Co. ADDRESS 800 N. 2nd St. St. Charles, Mo.

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

923
1

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 Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.