

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44177

State File No. ....

FILED DEC 17 1953

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

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 5226 Wren Ave. 2079	
3. NAME OF DECEASED (Type or Print) a. (First) HILL		b. (Middle) D.	
c. (Last) DUTTON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1953	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH April 14, 1902
9. AGE (In years last birthday) 51		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Maloney Electric Industry	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo;		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore Dutton		13b. MOTHER'S MAIDEN NAME Mary McCarty	
14. NAME OF HUSBAND OR WIFE Margaret Dutton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 494 03 5327		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Dutton 5226 Wren Ave	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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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? 331X

22. I hereby certify that I attended the deceased from 8-22, 1952 to 12-9, 1953 that I last saw the deceased alive on 12-9, 1953, and that death occurred at 2:00 P.M., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED [Date]
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12 12 53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. DEC 11 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Buchholz Koeller 5967 W. Florissant
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.