

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35509

State File No.

BIRTH NO. 65141-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8562

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

| | | | | | |
|---|--|---|--|--|--|
| 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) <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u> | | e. STREET ADDRESS (If rural, give location) <u>5808 LILLIAN</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> | | b. (Middle) <u>JAMES</u> | | c. (Last) <u>HUTCHENS, JR</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>9 18 54</u> | | 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>8-27-54</u> | | 9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>21</u> IF UNDER 24 HRS. Hours <u>0</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>EUGENE JAMES HUTCHENS</u> | | 13b. MOTHER'S MAIDEN NAME <u>PINSON</u> | |
| 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) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>R. King</u> | | ADDRESS <u>500 S. Kingshighway</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AC PNEUMONIA</u> ANTECEDENT CAUSES DUE TO (b) <u>Sepsis</u> DUE TO (c) <u>Septicemia</u> 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 checked="" 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, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4630</u> | |
| 22. I hereby certify that I attended the deceased from <u>8-27-1954</u> to <u>9-17-1954</u> , that I last saw the deceased alive on <u>9-31-1954</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>John O. Mark</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>457 N. Kingshighway</u> | |
| 23c. DATE SIGNED <u>9-18-54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-20-54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>SEP 20 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHN STYGAR and SON FUNERAL HOME</u> | |
| | | | | ADDRESS <u>554 Riverview</u> | |

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 *J. P. Rister*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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.

not embalmed