

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2783**  
Registrar's No. **388**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>****</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>****</b>		
b. CITY OR TOWN <b>ST. LOUIS, MISSOURI</b> c. LENGTH OF STAY (in this place) <b>3 YEARS</b>		c. CITY OR TOWN <b>ST. LOUIS</b> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>		e. STREET ADDRESS (If rural, give location) <b>305 E. MARCEAU</b> <span style="float: right;">20190</span>		
<b>3. NAME OF DECEASED</b> a. (First) <b>STEPHEN</b> b. (Middle) <b>HUTCHCRAFT</b> c. (Last) <b>HUTCHCRAFT</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JANUARY 10, 1956</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>May 5, 1881</b>	
<b>9. AGE</b> (In years last birthday) <b>74</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>****</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <b>ILLINOIS</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>HIRAM HUTCHCRAFT</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNKNOWN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>KATE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> <b>NONE</b>		<b>16. SOCIAL SECURITY NO.</b> <b>497 01 9630</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>DONALD HUTCHCRAFT 8219 VULCAN, ST. LOUIS, MO.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>acute myocardial infarction</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary atherosclerosis</b>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>cerebral arteriosclerosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>12 hours</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____ (COUNTY) _____ (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>12-10</b> , 19 <b>55</b> , to <b>1-10</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>56</b> , and that death occurred at <b>10:24</b> a.m., from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <i>Robert S. Schultz</i>		(Degree or title) <b>MO</b>	<b>23b. ADDRESS</b> <b>1515 LAFAYETTE AVE.</b>	<b>23c. DATE SIGNED</b> <b>1-10-56.</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>Jan. 12, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Shrewsbury Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Mill Shoals, Illinois</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 12 1956</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith MO</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>C. Hofmeister U. &amp; L. Co.</b> <b>781 1/2 So. Broadway St., Louis, Mo.</b>

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 *Harry J. Skumach*  
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Provo*

- 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.