

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19054

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1254

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		d. STREET ADDRESS (If rural, give location) 215 S. Third,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 215 S. Third,			
3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) W. c. (Last) Hutchins			4. DATE OF DEATH (Month) (Day) (Year) May 19 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Nov. 27 1923	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Mo River Chem, Co		11. BIRTHPLACE (State or foreign country) Bee Branch Arkansas.		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME M. L. Hutchins		13b. MOTHER'S MAIDEN NAME Ida Solomann		14. NAME OF HUSBAND OR WIFE Alice Lorene Hutchins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 431-40-2989		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice L. Hutchins 215 S. Third,			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burn, severe 85-9070 INTERVAL BETWEEN ONSET AND DEATH 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. Lower nephron nephrosis.			
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.) factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crystal City 5 050 mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 19 56 3:45		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hydrogen explosion			
22. I hereby certify that I attended the deceased from 5-17, 1956 to 5-19, 1956 , that I last saw the deceased alive on 5-19, 1956 , and that death occurred at 9:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE F. X. Palotta (Degree or title) MD				23b. ADDRESS Missouri Theater Bldg		23c. DATE SIGNED 5-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-20-56	24c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery		24d. LOCATION (City, town, or county) (State) England Arkansas,		
DATE REC'D BY LOCAL REG. 5-21-56		REGISTRAR'S SIGNATURE Herbert R. Lombard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood 22 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

William H. Putnam

Licensed Embalmer No. *4316*

P. O. Address *Hubbard 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.