

FILED JUN 21 1956

STANDARD CERTIFICATE OF DEATH

22414

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1433

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> | | c. CITY OR TOWN <u>Pine Lawn</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u> | | STREET ADDRESS (If rural, give location) <u>4235 Oakwood</u> | |

| | | | | |
|-------------------------------------|------------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>ALFRED</u> | c. (Last) <u>HUTTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1956</u> |
|-------------------------------------|------------------------|---------------------------|-------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 25, 1894</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

| | | | |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|---|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Edward Hutton</u> | 13b. MOTHER'S MAIDEN NAME <u>Bridget McDonough</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Touey Hutton</u> |
|---|--|--|

| | | |
|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>490-22-0489</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Hutton</u> ADDRESS <u>4837 Kirk, Skokie, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | 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) <u>Myocardial Ischemia</u> DUE TO (c) <u>Coronary Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senescent Arteriosclerosis</u> | | | |

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>old myocardial infarction</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2900 St. Louis MO</u> |
|--|--|--|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Sept 5th, 1950 to 6/10, 1956, that I last saw the deceased alive on 6/10, 1956, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

| | | |
|---|--|---------------------------------|
| 23a. SIGNATURE <u>Dr. C. W. Salen</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>7320 Florissant Rd</u> | 23c. DATE SIGNED <u>6/11/56</u> |
|---|--|---------------------------------|

| | | | |
|--|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>June 13, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
|--|--------------------------------|--|--|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>6-12-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u> ADDRESS <u>7267 Natural Bridge</u> |
|---|---|---|

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

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

James A. Lamm

Licensed Embalmer No. *414*

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.