

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

318

PRIMARY REG. DIST. NO.

1003

State File No.

6314

1163

Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 31 St. Louis State Hospital | | e. STREET ADDRESS (If rural, give location) 3156 Easton | |
| 3. NAME OF DECEASED (Type or Print) Shelby Hutcherson | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Deceased Widower | | 8. DATE OF BIRTH January 12, 1887 | |
| 9. AGE (In years) (Month) (Day) 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper solicitor | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Shelby Co., Kentucky | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME John Hutcherson | | 13b. MOTHER'S MAIDEN NAME Emma Flood | |
| 14. NAME OF HUSBAND OR WIFE Unknown. | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME State Hospital Records. | |
| 17. ADDRESS 5400 Arsenal St. | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A S H D | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.0 | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? 2 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 October 9, 1922 , to February 4, 1957 , that I last saw the deceased alive on February 4, 1957 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE L. Hofstatter M.D. | | 23b. ADDRESS 5400 Arsenal Street | |
| 23c. DATE SIGNED 2-4-57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE February 7, 1957 | |
| 24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks | | 24d. LOCATION (City, town, or county) (State) Missouri | |
| DATE REC'D BY LOCAL REG. FEB 5 57 | | REGISTRAR'S SIGNATURE Charles Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE McBennett | | ADDRESS 1431 Union Blvd. | |

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 *Stanley H. Wilson*
Licensed Embalmer No. *4193*

P. O. Address *J. L.*

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.