

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

37624

318

1003

State File No.

10257

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY OR TOWN <u>East St. Louis</u>		d. Is 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 <u>St. Marys Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>1121 Piggott Avenue</u> <u>§1209</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Hutchins</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 29, 1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pa. Railroad Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Summerville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lonnie Hutchins</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Geneva Hutchins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>382-20-4366</u>		17. INFORMANT'S SIGNATURE OR NAME <u>1121 Piggott</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memie Leukemia</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> 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. <u>592x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>10 months (Habit)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>1</u> 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) _____		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 <u>9-16-1957</u> , to <u>10-26-1957</u> , that I last saw the deceased alive on <u>10-26-1957</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Q. Fingal</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1652 Central Ave St. Louis</u>		23c. DATE SIGNED <u>10-29-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/28/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Centerville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>OCT 31 '57</u>		REGISTERAR'S SIGNATURE <u>Paul Smith MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Office</u>		ADDRESS <u>2114 Mo. Ave St. Louis, Mo.</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 *Ben H. Baldwin*.....

Licensed Embalmer No. *2420*.....

P. O. Address *721 N. 26th*.....

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.