

pt. Health,
, & Welfare
S. Public
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ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1957

42102
STATE FILE NUMBER
10996

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 10996

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb life		STREET ADDRESS (If outside, give location) 339 N. Taylor	
3. NAME OF DECEASED (Type or print) KATHERINE HOPE HUTCHINS HINTON			4. DATE OF DEATH Month Day Year November 17, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25, 1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Ayres Hutchins		13b. MOTHER'S MAIDEN NAME Jane Targee	
14. NAME OF HUSBAND OR WIFE Harry Hawkins Hinton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Herbert F. Church, #14 Thornby Place		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death immediate cause not known		INTERVAL BETWEEN ONSET AND DEATH Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diarrhea and vomiting		DUE TO (c) " " " "		Interval between onset and death 7 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moderate Arteriosclerosis, terminal hypostatic lungs, dilatation small bowel post operative of adhesions, old adhesive pleuritis, old					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5705			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 1953 to 11-17-57 and last saw her alive on 11-16-57 Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Katherine Clark</i> (Degree or title) M.D.		22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo.		22c. DATE SIGNED 11-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/19/57	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. NOV 18 57	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> m f b		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *jos. E. McCulloch*

Licensed Embalmer No. *2460*
P. O. Address *L 1738 Palm*

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.