URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-042018

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9845

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ~~BALLWIN~~ ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo — Length of stay in 1b

c. CITY OR TOWN Ballwini — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke's Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 24 Parker Drive — Reside on Farm Yes ☐ ~~No~~ ☐

3. NAME OF DECEASED (Type or print) First Middle Last: BABY Hutton

4. DATE OF DEATH Month 10 Day 19 Year 59

5. SEX: MALE

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-13-59

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days 6 — IF UNDER 24 HR Hours 1 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Gordon Hutton

13b. MOTHER'S MAIDEN NAME: BARBARA ANN Coon

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John S Hutton (Father) — Address: 24 Parker Drive Ballwin Ma

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Prematurity twinning.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Subtentorial hemorrhage

DUE TO (c) Interventricular hemorrhage

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 760.5

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10-13-59, to 10-19-59 and last saw her/him alive on 10-19-59.

Death occurred at 2:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. N. McClure M.D.

22b. ADDRESS: 950 Francis Pl. St. Louis 5, MO

22c. DATE SIGNED: 10/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/30/59

23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem

23d. LOCATION (City, town, or county) (State): ~~St Louis 5, Mo.~~ Kirkwood, MO.

24. FUNERAL DIRECTOR: L. H. Bepp, Inc. — ADDRESS: 1314 Argonne Dr. Kirkwood, Mo

25. DATE RECD. BY LOCAL REG.: OCT 27 1959

26. REGISTRAR'S SIGNATURE: Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J Wyland Jr

Licensed Embalmer No. 4512

P. O. Address Richwood, Ja

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.