

FILED APR 27 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4120 Blaine Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4120 Blaine Ave.
(If rural, give location) 18

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jennie Hutson

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Talmon Hutson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 10 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from April 17 45 to April 20 45
that I last saw her alive on 4-19-45
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Duration: _____

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom Emory

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Breverson

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Talmon Hutson

(b) Address 4120 Blaine Ave.

17. (a) Burial (b) Date thereof 4-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 20 1945 (b) J. H. Hopp
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature J. H. Hopp (M. D. or Chgo.) MD

Address 1446 S. Grand Date signed 4-20-45