

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4758
Do not use this space.

791
1003

REC'D MAR 14 1938

1. PLACE OF DEATH:
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City S t. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 11185
2. PRINT FULL NAME Kathleen Mc Cutchen 232
(a) Residence, No. 2626 Washington 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? unknown		
AGE 35	YEARS -	MONTHS -
DAYS -		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. nil	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee		
FATHER	13. NAME Thomas Crawford	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee	
MOTHER	15. MAIDEN NAME Artelia ?	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee	
17. INFORMANT Hosp. Info M. Kent (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bede's Cemetery DATE Feb. 7 1938		
19. FUNERAL DIRECTOR (ADDRESS) Reiger & Wieding Funeral Home, 1936 St. Louis St. Inc		
20. FILED FEB 8 1938 Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/5/38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **10/30/37**, 19, to **2/5/38**, 19.
I last saw **her** alive on **2/5/38**, 19. Death is said to have occurred on the date stated above, at **6.55 a**.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Chas. J. Farthing, M.D.**
(Signed) **City Hospital No. 1**
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

No embalming
J. E.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)