

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1116 Chambers St. /  
(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 26  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1116 Chambers St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME William R. Northcutt  
(b) If veteran, name war.....  
(c) Social Security No. None  
4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Elsa Jane  
(c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Nov. 4th 1858  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 9  
year 1942 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from Aug 1  
1942 to 3 and 1942  
that I last saw him alive on Aug 1 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
84 0 5 hr..... min.  
9. Birthplace Columbia, Mo. (City, town, or county) (State or foreign country) 0  
10. Usual occupation Carpenter

Immediate cause of death Chy. interstitial nephritis  
Chy. myocarditis  
Demphly  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business.....  
12. Name Lemuel Northcutt  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Thalitha Pemberton  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
16. (a) Informant Elsa Jane Northcutt  
(b) Address R. R. # 1, Kimswick, Mo.  
17. (a) Burial (b) Date thereof 11-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Centralia, Mo.  
18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.  
19. (a) NOV 9 1942 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....  
Of autopsy.....  
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) (c) Means of injury.....  
23. Signature E. H. Kelpner (M. D. or other)  
Address 3121 N. Grand Date signed 11/9/42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**