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

Do not use this space.

15821

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 4275

2. FULL NAME Dale Thomas Sutton

(a) Residence. No. 2221 Chippewa St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Nil

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 - 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nil
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Carl Sutton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charlotte
(STATE OR COUNTRY) N.C.

12. MAIDEN NAME OF MOTHER Gladys Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

14. INFORMANT Carl Sutton
(Address) 2221 Chippewa

15. FILED: ..... 8 1931 ..... 19 ..... Wm C Jurgens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1931

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at 6 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
Shock & Scalds 2nd & 3rd
Burns received when he
upset Cup of Coffee
(duration) ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) at Residence
Accident
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1074
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Lerner, M. D.

4/8, 19 31 (Address) DB-Corner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Marcus	Apr 10 1931
20. UNDERTAKER Wacker-Helderle	**ADDRESS** 2331 S Bdway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.