

00114-1937

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

32529
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City of St. Louis (d) Street No. St. John's Hosp. 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.

2. PRINT FULL NAME Benjamin F. Sutberry

(a) Residence, No. 2502 Cass Avenue St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Florence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. K.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Texas

13. NAME Andrew Sutberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Pauline Dotson
(ADDRESS) 1447 N. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL to Greenfield, Tenn.
PLACE Sept. 13, 1937

19. FUNERAL DIRECTOR R. N. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED **SEP 13 1937** J. F. Bedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937, to September 12, 1937
I last saw him alive on Sept 12, 1937 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Acute pyelonephritis
Peritonitis
Date of onset 9/6/37
7/8/37

Other contributory causes of importance: Duodenal obstruction 4/12/37
Duodenal ulcer & scar tissue
malnutrition

Name of operation Sectorectomy Date of 8/12/37
What test confirmed diagnosis? Section Was there an autopsy? No

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? No
If so, specify.....
(Signed) Arthur A. Meyer, M. D.
(Address) 650 Century Bldg.

WRITE CAREFULLY 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.

31 2224300

1 X1204

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. R. Cooper

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)