

OCT 26 1937

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

35201

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 333
(b) Township Ferguson Primary Registration District No. 4468
(c) City Ferguson (d) Street No. 25 N. Clark Ave. 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.

Registered No. 1712. PRINT FULL NAME Theresa Sutton

(a) Residence, No. 25 N. Clark Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Francis J. Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15th, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houswife
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Ireland

FATHER 13. NAME James White

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

MOTHER 15. MAIDEN NAME Elizabeth Graham

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

17. INFORMANT (ADDRESS) Mary V. Williamson
25 N. Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE Sept. 14, 1937

19. FUNERAL DIRECTOR (ADDRESS) Drehmann Van Al
1905 Union Blvd.

20. FILED 9-14 1937 W.A. Zettler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1937, to 9/12, 1937

I last saw her alive on 9/12, 1937. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 9/10/37

Other contributory causes of importance:

Sensibility arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? cl 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?

If so, specify _____

(Signed) C. C. Hughes, M. D.(Address) Ferguson, Mo.

(Embalmer's Statement on Reverse Side)

Per. G. Smith

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.

8-10
D. L. ...

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.)