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.

NOV 15 1937

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

35629
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9206
(c) City ST. LOUIS MO. (d) Street No. 5935 LILLIAN AV. 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 IDA SUTTON.
(a) Residence, No. 5935 LILLIAN AV. St. 7
(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): WIDOW
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: ROSS P. SUTTON.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 17-1871
7. AGE: YEARS 66 | MONTHS 1 | DAYS 13 | 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.: HOUSEWORK
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): MISSOURI

FATHER
13. NAME: WALTER SUTTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN.

MOTHER
15. MAIDEN NAME: ELIZABETH UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): THEO. SUTTON 5935 LILLIAN
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK DATE: OCT. 2 1937
19. FUNERAL DIRECTOR (ADDRESS): E. J. Schnur 3125 Lafayette av.
20. FILED: OCT 1 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937, to Sept 29, 1937
I last saw her alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 25-37
Other contributory causes of importance:	
Arteria Sclerosis	3 yrs

Name of operation: none Date of —
What test confirmed diagnosis? Clinical 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) Rudolph N. Abel, M. D.
(Address) 4929 Union Blvd

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James G Sulli

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James G Sullivan

Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)