REC'D MAY 10 1938

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

12519
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3123
(c) City ST. LOUIS MO (d) Street No. 5414 VERNON 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.

2. PRINT FULL NAME JOSEPH RILEY SUTTON 350
(a) Residence, No. 5414 VERNON AVE St. 5
(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: 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~~ AGATHA SUTTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 6TH 1876

7. AGE: YEARS 61 | MONTHS 4 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. R.R. ENGINEER
10. Date deceased last worked at this occupation (month and year) SEP. 1933
11. Total time (years) spent in this occupation 25 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINCOLN CO. MO

FATHER
13. NAME ALBERT GERALD SUTTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINCOLN CO MO.

MOTHER
15. MAIDEN NAME PHILLIS WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINCOLN CO MO

17. INFORMANT (ADDRESS) Bernice Burkemper 5414 Vernon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE OLD MONROE MO. DATE APR. 6TH 1938

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED APR 2 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 1ST 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to Apr 1, 1938
I last saw him alive on Apr. 1, 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	2 yr.

Other contributory causes of importance: [signature]

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. O. Peck, M. D.
(Address) 2505 No 15th

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-37 I X12804

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93.

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 John B. Brockland.

Licensed Embalmer No. 93.

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.)