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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9424

State File No. _____

Registrar's No. **2834**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **34 yrs.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Monroe Sutton**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Lillian Sutton** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **April 29 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Glover Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Watchman**

11. Industry or business **Mo. Pac. RR.**

MOTHER { 12. Name **Henry Sutton**
13. Birthplace **Unknown**
14. Maiden name **Jane Smith**
15. Birthplace **Unknown**

16. (a) Informant **Lillian Sutton**
(b) Address **6310 Alabama ave.**

17. (a) **Removal** (b) Date thereof **April 1, 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bismarck, Missouri.**

18. (a) Signature of funeral director **C. Hoffmeister W-L-C**
(b) Address **7814 S. Broadway**

19. (a) **Mar 31 1941** (b) **J. W. Bredeek**
(Coroner's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6310 Alabama ave.**
(If rural, give location)
(e) **No Attending Physician**
(f) If foreign born, how long in U. S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
year **1941** hour **3:35** minute **a.m.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis
Due to **Arteriosclerosis**
Chronic Nephritis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (a) Means of injury _____

23. Signature **Arthur Perry** (M. D. or other) _____
Address _____ Date signed **3/31/41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.)

If this body is not embalmed, above space should be left blank.