

Registration District No. 784

Primary Registration District No. 117

State File No. _____

Registrar's No. 2549

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
445 Baker Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 63 years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 445 Baker Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____
many years 19____ to _____ 19____;
that I last saw him alive on 12/9/41 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Dis. Heart ?

Due to _____
Due to Q/A

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME George W. Sutherland

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olla B. Sutherland 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased. Oct 24 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Detroit Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Barber Supply Mfg.

11. Industry or business Barber Supplies

12. Name David Sutherland

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Sena Port

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Olla B. Sutherland
(b) Address 445 Baker Ave

17. (a) Burial (b) Date thereof 12-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co.
(b) Address 3621 Olive St.

19. (a) DEC 15 1941 (b) H. McHuron
(Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(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) (e) Means of injury _____

23. Signature Frank P. Gault, MD (M. D. or other) 0
Address 132 N. Gore, Webster Groves Date signed 12/15/41

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

6
7
f

Dr. Frank P. Laurent

139. N. Lane

3 30 P.M.

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

Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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, fact should be so stated above.