

FILED DEC 30 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1167

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution agone  
(Specify whether years, months or days)

In this community 2 yrs, 7 mo - 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City of St. Louis

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Scotland

3. (a) PRINT FULL NAME William M Sutherland

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1942 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from 11-29 - 1942 to 11-30 - 1942  
that I last saw him alive on November 30, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased 1886  
(Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia Duration 6 days

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>?</u>	<u>?</u>	<u>-</u> hr. <u>-</u> min.

Due to Influenza

9. Birthplace St. Scotland  
(City, town, or county) (State or foreign country)

Due to 107'

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Railroad Mechanic

PHYSICIAN

Major findings: Of operations

Of autopsy Broncho Pneumonia

Underline the cause to which death should be charged statistically.

11. Industry or business Railroad

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Armindia Sanscartier

(b) Address Box 352, Round Lake, Ill.

17. (a) Cremation (b) Date thereof 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood R.C. Mt.

18. (a) Signature of funeral director Irvin Darry Funeral

(b) Address 218 So 10th St Home

19. (a) 12-3-42 (b) Rose Heitzog  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature R. B. Sweeney (M. D. or other)  
Address State Hospital # 2 Date signed 11-30-42

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

11  
1  
7

*Was not embalmed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**