

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8838

State File No.

Registrar's No.

FILED APR 9 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 6 days
(Specify whether
 In this community..... 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
17
500
 (c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No..... 2700 R. Baldwin
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME..... Andrew Sutton
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 28,
 year..... 1943 hour..... 9 minute..... 25 P. M.
 21. I hereby certify that I attended the deceased from..... March
22, 1943, to..... March 28, 1943
 that I last saw him alive on..... March 28, 1943
 and that death occurred on the date and hour stated above.

4. Sex..... Female 5. Color or race..... 3 Negro
 6. (a) Single, widowed, married, divorced..... 2 Widower
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased..... January 9, 1885
(Month) (Day) (Year)

Immediate cause of death..... Pulmonary Tuberculosis Duration..... Unk.
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

8. AGE: Years Months Days If less than one day
58 2 19 hr. min.
 9. Birthplace..... Ark. (City, town, or county) (State or foreign country)

10. Usual occupation..... Nil
 11. Industry or business.....
 12. Name..... Charles Sutton
 13. Birthplace..... Unknown (City, town, or county) (State or foreign country)
 14. Maiden name..... Laura Hall
 15. Birthplace..... Unknown (City, town, or county) (State or foreign country)

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

MOTHER FATHER
 16. (a) Informant..... Harley Smith
 (b) Address..... 2601 W. Whittier 3-31-43
 17. Anderson Bond (b) Date thereof..... 3-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....
 18. (a) Signature of funeral director.....
 (b) Address.....
 19. (a) MAR 31 1943 (b) J. F. Bredeck
(Date received from 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..... Alva Moore (M. D. or other)
 Address..... 2601 W. Whittier Date signed..... 3/30/43

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.