S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 39231

Registrar's No. 2573

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town So. Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. 51 Smith (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Gertrude Sutherland

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

3. (c) Social Security No. --

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Charles Sutherland (Dec.)

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

7. Birth date of deceased 10-19-1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Paducah (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business --

FATHER
12. Name William Watts
13. Birthplace ? (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Ruth Faulkner
15. Birthplace ? (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. M. Edwards

(b) Address South Kinloch Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lea J. Sneed

(b) Address 3615-17 Easton ave

19. (a) NOV 23 1943 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-19-43 day year hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-19-43, 19 , to 10-19-43, 19 ; that I last saw her alive on 11-19-43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Ventral hernia	48 hrs
Due to Post-operative ventral hernia	
Due to	
Other conditions Hypertensive (Include pregnancy within 3 months of death) Cardio-Vascular Disease	
Major findings: Of operations Strangulated hernia	
Of autopsy repaired hernia - Cardiac decompensation	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John Niederwerner (M. D. or other) MD

Address St. Louis County Hosp. Clayton, Mo. Date signed 11-22-43

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(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

working under my personal supervision.

Signed ..... [illegible]

Licensed Embalmer No. ..... [illegible]

P. O. Address ..... [illegible]

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.