

S. No. 2
DM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4165

State File No.

FILED JAN 21 1946
Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 76

1. PLACE OF DEATH:

(a) County SAINT LOUIS

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

(c) Name of hospital or institution: STATION HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William F Sutton

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 30 1922
(Month) (Day) (Year)

8. AGE: Years 23 Months 8 Days 7
If less than one day hr. min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER { 12. Name John Sutton

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Grace Unknown
(State or foreign country)

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

16. (a) Informant Clinical Record, Sta Hosp

(b) Address Jefferson Barracks, Mo

17. (a) Burial (b) Date thereof 11/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director General Superintendant

(b) Address 2233 University Street

19. (a) 1-11-46 (b) Charles B. Whittaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2217a North 20th St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1946 hour 4:15 minute 30 P. 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 Meningeal Encephalitis
fulminating, causative organism
unidentified

Due to 80k

Due to _____

Other conditions 80k
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature Charles B. Whittaker (Specify type of place) _____
(City or town) (County) (State)

Address Sta Hosp, Jeff Bks Mo Date signed 8-46

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

2130

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. 2994

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.