

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25186

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6299**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis 2)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5711 Gravois
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) c. (Last) Plate			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country) Manchester, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A.H. Sutton		13b. MOTHER'S MAIDEN NAME Ella Crouch		14. NAME OF HUSBAND OR WIFE Frederick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Work, 5598 Bartmer		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right hip; chronic Myocarditis, suffered when pushed by another patient at St. Louis State Hosp causing her to fall to the floor ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death about March 20, 1949 exact time unknown				INTERVAL BETWEEN ONSET AND DEATH exact
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hosp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo/95		21f. HOW DID INJURY OCCUR? St.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 2, 49 ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 206A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Perry Clark		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/20/49	24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JUL 20 1949	REGISTRAR'S SIGNATURE J. B. Fasaler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker Hill Co. 3634 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert Wheeler

Licensed Embalmer No.

3128

P. O. Address

Louis, Mo.

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.