

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43363

State File No. _____

Registrar's No. 11330

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2762 A WASHALLA	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2762 A La Salle			

3. NAME OF DECEASED (Type or Print) a. (First) Lewis	b. (Middle) Suttle	c. (Last) Suttle	4. DATE OF DEATH (Month) (Day) (Year) 12 - 20 - 51
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-15-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach cleaner	10b. KIND OF BUSINESS OR INDUSTRY Coke & Gas	11. BIRTHPLACE (State or foreign country) Nashville Tenn.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Jack Suttle	13b. MOTHER'S MAIDEN NAME Elmira	14. NAME OF HUSBAND OR WIFE unknown Ohio Flowers
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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
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo-carditis DUE TO (c) Chronic Nephritis, Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Rheumatism		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2X
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22. I hereby certify that I attended the deceased from June 1951, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Frank M. D.	23b. ADDRESS 3000a Easton	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-22-51	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Bellville ILL.
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DATE REC'D BY LOCAL REG. DEC 21 1951	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gaerdner Funeral Home	ADDRESS Bellville Ill
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Easton
Harrison

Hunt

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

Ronald O. Mahuke

Licensed Embalmer No.

3917

P. O. Address.....

St. Louis

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.