

5. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30472

State File No. ....

FILED AUG 31 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7750

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 city or TOWN St. Louis)		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		c. CITY OR TOWN St. Louis	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) C. P. Sutton		4. DATE OF DEATH (Month) (Day) (Year) 8 2 53	
5. SEX Male		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1914	
9. AGE (In years last birthday) 39		10. UNDER 1 YEAR 3 Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body Worker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Jackson, Miss		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Walter Sutton		13b. MOTHER'S MAIDEN NAME Molly Coleman	
14. NAME OF HUSBAND OR WIFE Viola Sutton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-01-8727	
17. INFORMANT'S SIGNATURE OR NAME Viola Sutton		ADDRESS 2818 Franklin Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. Herxheimer Reaction			INTERVAL BETWEEN ONSET AND DEATH Undt.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 025X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-27, 1953, to 8-2, 1953, that I last saw the deceased alive on 8-2, 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE H. J. Erwin		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 8-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/8/53	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. AUG 8 1953		25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home	
REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 3100 Easton Ave.	

General Records Section  
Due to U.S. Supplies  
Penicillin given  
with heat  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Hiller*

Licensed Embalmer No. *422*

P. O. Address *4524 A*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.