

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 529

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| 1. PLACE OF DEATH a. COUNTY. ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY | | c. LENGTH OF STAY (In this place) 11 months | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7132 VERNON AVE | | e. STREET ADDRESS (If rural, give location) 7132 Vernon Ave | |
| 3. NAME OF DECEASED (Type or Print) WILLIAM CURTIS SUTTON. | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, or married | | 8. DATE OF BIRTH Jan. 3, 1901 | |
| 9. AGE (In years last birthday) 53 | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Agent-Freight Dep. Chicago-Rock I. & P. RR. | | 11. BIRTHPLACE (City and State or Foreign Country) Grand Ridge, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Salathiel Sutton | |
| 13b. MOTHER'S MAIDEN NAME Mary Snedaker | | 14. NAME OF HUSBAND OR WIFE Mary K. Sutton | |
| 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. 708-16-3144 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mary K. Sutton, 7132 Vernon Avenue | | ADDRESS | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Metastasis INTERVAL BETWEEN ONSET AND DEATH 1 month ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer right lung 2 yrs. DUE TO (c) 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 163X | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 Feb 8, 1954, to Feb 12, 1954 that I last saw the deceased alive on Feb 12, 1954 and that death occurred at 9 P. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Thomas H. Burford M.D. | | 23b. ADDRESS 600 Smith Kingshighway | |
| 23c. DATE SIGNED 1-1-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-1-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY Grand Ridge Cemetery | | 24d. LOCATION (City, town, or county) (State) Grand Ridge, Illinois | |
| DATE REC'D BY LOCAL REG. 3-1-54 | | REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, 7233 Delmar Blvd., | | ADDRESS | |

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.