

STANDARD CERTIFICATE OF DEATH

State File No. **10267**

FILED MAR 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1754**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3345 Delmar Blvd.		d. STREET ADDRESS (If rural, give location) 3345 Delmar Blvd.	
3. NAME OF DECEASED a. (First) Bessie (Type or Print)		b. (Middle) Sutton	
4. DATE OF DEATH (Month) (Day) (Year) 2 19 55		5. SEX Female	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11-26-1899		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Lee		13b. MOTHER'S MAIDEN NAME Mattie Webb	
14. NAME OF HUSBAND OR WIFE None		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. 492-37-4927		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Mitchell 3345 Delmar Blvd.	
18. CAUSE OF DEATH Enter one cause line for (a), (b), and *This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis INTERVAL BETWEEN ONSET AND DEATH 7 3 yrs ANTECEDENT CAUSES Uremia DUE TO (b) Aortic Stenosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dropsy	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE ETC. (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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592X		22. I hereby certify that I attended the deceased from 12/27 19 54 , to 2/19 , 19 55 , that I last saw the deceased alive on 2/17 , 19 55 , and that death occurred at 12 P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Rupert A. Jones, D.C.N.D.		23b. ADDRESS 4437a Caston Ave.	
23c. DATE SIGNED 2/21/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-24-55		24c. NAME OF CEMETERY OR CREMATORY Hazelhurst, Mississippi	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.	
DATE REC'D BY LOCAL REG. FEB 24 1955		REGISTRAR'S SIGNATURE [Signature]	

(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 *Fulton E. Culkin* _____

Licensed Embalmer No. *498* _____

P. O. Address *St. Francis St.* _____

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.