

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32686

State File No. _____

| | | | | | | | |
|---|--|--|---|---|---|--|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>548</u> | | Registrar's No. <u>2188</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL, and give township) <u>Webster Groves</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs</u> | | c. CITY OR TOWN <u>Webster Groves</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>445 Baker Avenue</u> | | | | e. STREET ADDRESS (If rural, give location) <u>445 Baker Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>B.</u> c. (Last) <u>SUTHERLAND</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 14, 1956</u> | | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Mar. 21, 1865</u> | | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Delta, Pennsylvania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Martin S. Barnett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Jane Morrison</u> | | 14. NAME OF HUSBAND OR WIFE <u>George W. Sutherland</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catharine Sutherland, 445 Baker Avenue</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>---</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>years</u> , 19 <u>---</u> , to <u>9/14/56</u> , 19 <u>---</u> , that I last saw the deceased alive on <u>9-14</u> , 19 <u>56</u> , and that death occurred at <u>5:15 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Frank P. Gaunt, M.D.</u> | | | | 23b. ADDRESS <u>Webster Groves, Mo. 13th N. GORE</u> | | 23c. DATE SIGNED <u>9/15/56</u> | |
| 24a. BIRTH, CREMATION, OR BURIAL PLACE <u>---</u> | | 24b. DATE <u>Sept. 17, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-16-56</u> | | REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u> | | | |

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

Dr. Gaunt
Webster Groves, Mo.
Hours -

13a N. Gore Ave.

8 - 9 A. M.

JAN 29 1958

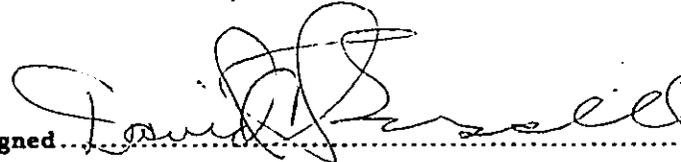
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

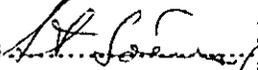
by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 452

P. O. Address 

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.