

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43963

STATE FILE NUMBER

10940

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b> |  | Length of stay in 1b  | d. STREET ADDRESS <b>3507 Laclede</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                               |   |  |  |  |   |
|---|-------------------------------|---|--|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mary</b> Middle Last <b>Sutton</b>                                |                               |   | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>27</b> Year <b>56</b> |  |  |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> UNMARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>3-27-1899</b>                                | 9. AGE (In years last birthday) <b>57</b>                | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min.       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>La.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Abe Campbell</b>  |                               |   | 14. MOTHER'S MAIDEN NAME<br><b>Harriett Gordon</b>               |  |  |   |

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>No</b> | 17. INFORMANT <b>Charlie Campbell</b> Address <b>3127 Vinegrove</b> |
|---|-----------------------------------|---|

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Epidermoid Carcinoma of Cervix</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                     |  |   |

|  |  |   |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Generalized Arteriosclerosis - Cardiovascular Accident</b> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|   |  |   |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>171 X</b> |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____             |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from **8-11-45** to **11-27-56** and last saw her alive on **11-27-56**  
Death occurred at **12:20 a.** m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |  |                                     |
|---|--|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>William R. Souley, M. D.</b> | 22b. ADDRESS<br><b>2601N. Whittier</b> | 22c. DATE SIGNED<br><b>11-27-56</b> |
|---|--|-------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>12-3-56</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Father Dickson</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kirkwood Mo</b> |
|---|-----------------------------|---|---|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>A. L. Beal Und Co.</b> | ADDRESS<br><b>4303 Delmar</b> | 25. DATE RECD. BY LOCAL REG.<br><b>NOV 29 1956</b> | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b> |
|---|-------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

health, Welfare Public Service  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m8b.

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 *Daniel M. Hughes*

Licensed Embalmer No. *456*

P. O. Address *4415th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.