

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027782

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 1807

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, give TOWNSHIP only) OR TOWN <u>BERKELEY</u>		c. CITY OR TOWN <u>BERKELEY</u> <u>4041</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6062 Hancock</u>		d. STREET ADDRESS (If outside, give location) <u>6062 Hancock</u>	
Length of stay in lb <u>years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>ALLEN</u> Last <u>SUTBERRY</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6</u> , Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1920</u>	9. AGE (In years birthday) <u>38</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Busman Fuse Co.</u>	11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Huffman</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Poston</u>	14. NAME OF HUSBAND OR WIFE <u>James Sutberry</u>
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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>494-07-4371</u>	17. INFORMANT <u>James Sutberry, 6062 Hancock</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>METASTATIC CARCINOMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CARCINOMA of breast</u>		<u>10 yrs.</u>
	DUE TO (c) <u>170X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT <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 <u> </u> COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from <u>1946</u> to <u>7/6/58</u> and last saw her alive on <u>June 13 1958</u> Death occurred at <u>10: A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Dr. Michael M.D.</u> (Degree or title)	22b. ADDRESS <u>87 1/2 Olive St. Louis</u>	22c. DATE SIGNED <u>7/7/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-8-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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24. FUNERAL DIRECTOR <u>McLAUGHLIN'S, 2301 Lafayette Ave.</u>	25. DATE RECD. BY LOCAL REG. <u>7-7-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

V Michael

2020
Academy

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 *H. G. Farris*

Licensed Embalmer No. *3384*
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.