

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 2 2 1960

212198

STATE FILE NUMBER -59-047050

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO.		Length of stay in 1b 20 DAYS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6610 IDAHO AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES B. SUTTON			4. DATE OF DEATH Month Day Year DECEMBER 31 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/11/76	9. AGE (last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY WHITE COUNTY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JAMES M. SUTTON		13b. MOTHER'S MAIDEN NAME MARTHA GREEN		14. NAME OF HUSBAND OR WIFE MATHILDA SUTTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAN		16. SOCIAL SECURITY NO.	17. INFORMANT Address VA HOSP RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO-PNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
DUE TO (b) INTRATROCHANTERIC FRACTURE RIGHT FEMUR						
DUE TO (c) 902745						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell from bed to floor at V.A. Hospital, Jefferson Barracks, Mo.			
20c. TIME OF INJURY Hour a.m. p.m. 12 10 59	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.) 3d Hospital		20f. CITY, TOWN, OR LOCATION VA	
20g. COUNTY	20h. STATE	21. I attended the deceased from 12/11/59 to 12/31/59 and last saw him ^{her} alive on 12/31/59 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE R. S. HERTEL (Degree or title)		22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12/31/59 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/4/60	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) Jefferson Bks. Mo			
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JAN 2 - 1960	26. REGISTRAR'S SIGNATURE Coal Smith M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(H T)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. W. Humphreys

Licensed Embalmer No. 4771

P. O. Address St Louis

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