

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025013

FILED VS JUN 27 1960

318

1003

5937

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp II		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5887 Plymouth Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Minnie Middle Sutton Last			4. DATE OF DEATH Month June Day 7 Year 1960
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10 Mar. 12 48
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	9. AGE (last birthday) 48
11. BIRTHPLACE (City and state or country) Columbus Miss.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William Jones		13b. MOTHER'S MAIDEN NAME Minnie Walton	
14. NAME OF HUSBAND OR WIFE John Sutton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	
16. SOCIAL SECURITY NO. 490226-5895		17. INFORMANT John Sutton 5887 Plymouth Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of right middle cerebral artery with massive cerebral infarction (right) DUE TO (b) 331x DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour 11:00 a.m. / Month, Day, Year	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 St. Louis Co. Mo COUNTY STATE
21. I attended the deceased from 1100 A to 1100 A and last saw her/him alive on 13 June 60 on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 1100 A			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Deputy		22b. ADDRESS 1300 Olive	22c. DATE SIGNED 6-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 13 June 60	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 9 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul V. Freeman

Licensed Embalmer No. 4689

P. O. Address 1389 Un

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.