SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-043239

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3236

FILED NOV 21 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Valley Park, Mo. — Length of stay in 1b: 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Valley Park Nurs. Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saint Louis
c. CITY OR TOWN: Valley Park — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 332 Benton Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle W. Last SUTTON

4. DATE OF DEATH: Month Nov. Day 14, Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2/11/72

9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Sutton

13b. MOTHER'S MAIDEN NAME: Mary Brown

14. NAME OF HUSBAND OR WIFE: Christina (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

7. INFORMANT: Robert Sutton, 1819 N. Vicker (39) Address: Chicago, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct. 10, 1961, to Nov. 14, 1961 and last saw ~~her~~ him alive on Nov. 9, 1961
Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert O Sanders, M.D.

22b. ADDRESS: 1502 Carr Av. St Louis

22c. DATE SIGNED: 11-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 16, 1961

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): Affton (23) Mo.

24. FUNERAL DIRECTOR ADDRESS: Fendler Und. Co. 7420 Michigan Ave. (11)

25. DATE RECD. BY LOCAL REG.: 11-15-61

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr Robert D. Sanders
1504 Cass Ave
Ce-1-9316
All Day Wed.

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michig

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.