

FILED FEB 24 1947 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 20 years

3. (a) PRINT FULL NAME Annie Sutton
(b) If veteran, name war --- (c) Social Security No. ---

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married divorced Widow
6. (b) Name of husband or wife Will Sutton 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Unavailable abt. 1891

8. AGE: Years Months Days If less than one day
abt. 51 hr. min.

9. Birthplace Fordyce Arkansas

10. Usual occupation Laundress

11. Industry or business Private Family

12. Name Walter Bunn

13. Birthplace Fordyce Arkansas

14. Maiden name Jennie Ricks

15. Birthplace Fordyce Arkansas

16. (a) Informant Alpha Williams

(b) Address 2619 N. Sarah St.

17. (a) Removal (b) Date thereof 1-26-1941
(c) Place: burial or cremation E. St. Louis, Illinois

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) J. F. Bredes (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2619 N. Sarah St.
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, year 1942 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from January 17, 1942 to January 22, 1942; that I last saw him alive on January 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma of Uterus
Severe Anemia

Duration 2 years Intef.

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature Lewis F. Boddie (M. D. or other)

Address 2601 Whittier Date signed 1/24/42

STATEMENT BY LICENSED EMBALMER

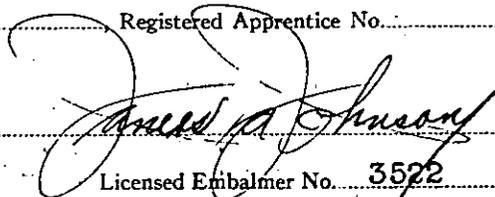
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. **3522**

P. O. Address. **4107 Finney Ave.**

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 this body is not embalmed, fact should be so stated above.