

FILED MAY 7 1942 791

State File No. \_\_\_\_\_  
Registrar's No. 3640

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
4525 Carter Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME William F. Sutton

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 494-09-5587

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose  
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 13 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Casting Inspector

11. Industry or business \_\_\_\_\_

12. Name John Sutton

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary D. Connell

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Sutton  
(b) Address 2233 University Street

17. (a) Burial (b) Date thereof April 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home Inc.  
(b) Address 2233 University St.

19. (a) APR 24 1942 (Date received local registrar)  
J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
4525 Carter Ave.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 22nd.  
1942 year \_\_\_\_\_ hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-9-42  
19\_\_\_\_ to 4-22 19\_\_\_\_  
that I last saw him alive on 4-22 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. E. Higgins (M. D. or other) \_\_\_\_\_

Address 4005 W. Flannery Date signed 4-24-42

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

MOTHER FATHER

800  
17  
7  
9  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Harvey Morris  
4005 W. Florissant  
Je. 5858  
Mu. 9722 (Res).

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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edward J. Bookhout

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

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, above space should be left blank.