

S. No. 300  
V. 10-48

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15080

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 2045	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>				2. USUAL RESIDENCE - (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS CO.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>45 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4860	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>GLENWOOD SANATORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>311 W Goetz</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEEMAN</u> b. (Middle) <u>SUTTON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Mar. 29, 1914</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WORKER IN FACTORY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MILL</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Sutton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-9496</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FERGUSON KEATHLY - 1825 1/2 So 18th</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EXHAUSTION FROM PSYCHOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AGITATED DEPRESSION</u> DUE TO (c) <u>SEVERE MANIC ATTACKS RECURRING</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ALCOHOLISM</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>  <u>2 MO.</u>  <u>YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>301.0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 16, 1951</u> , to <u>APR 30, 1951</u> , that I last saw the deceased alive on <u>Mar 29, 1951</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Grogan</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>1300 Grant Road</u>			23c. DATE SIGNED <u>5-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IRONTON MO.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>5-1-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Deak</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALBERT H. Hoppe</u>		ADDRESS <u>4700 WASHINGTON</u>	

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

MAY 24 1952

MS JUL 17 1959

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.....

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....

*John J. Lauer*

Licensed Embalmer No. 4108

P. O. Address St Louis 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, fact should be so stated above.