

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44090

State File No. _____

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 500 PRIMARY REG. DIST. NO. 590 Registrar's No. 3202

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		d. STREET ADDRESS (If rural, give location) <u>44 Crescent Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>44 Crescent Dr.</u>		e. STREET ADDRESS (If rural, give location) <u>44 Crescent Dr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Finley</u>	c. (Last) <u>Sutton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 18, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Exp Messenger, Mo. Pac. R.R.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bell Buckle, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ellis Sutton</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Triplett Sutton</u>
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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>714-14-6278</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Sutton</u>	ADDRESS <u>Valley Park, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
	DUE TO (c) <u>4221</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC BRONCHITIS</u>			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from APRIL 4, 1950, to DEC. 14, 1952, that I last saw the deceased alive on DEC. 14, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ballwin, Mo.</u>	23c. DATE SIGNED <u>12-15-52</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>burial</u>	24b. DATE <u>Dec 16, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gray Summit, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-16-52</u>	REGISTRAR'S SIGNATURE <u>H. R. Douthett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>	ADDRESS <u>Ballwin, Mo.</u>
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No. 300 10-48 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, 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.