

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24423**
Registrar's No. **7106**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 24423		Registrar's No. 7106	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis, Illinois			d. STREET ADDRESS (If rural, give location) 1210 North 3rd Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL									
3. NAME OF DECEASED (Type or Print) a. (First) Susie b. (Middle) _____ c. (Last) Cutler			4. DATE OF DEATH 7-30-54						
5. SEX female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-17-1890		9. AGE (In years last birthday) 63	# UNDER 1 YEAR 9 Days	# UNDER 1 HR. _____	# UNDER 1 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Lamar, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Boston Knight			13b. MOTHER'S MAIDEN NAME Ellen Hughes			14. NAME OF HUSBAND OR WIFE Nick Cutler, Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Nick Cutler			ADDRESS 1210 N. 3rd		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS						INTERVAL BETWEEN ONSET AND DEATH 10 days		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS						1 Yr. -		
	DUE TO (c) DIABETES MELLITUS						6 mo.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260x				
22. I hereby certify that I attended the deceased from 7/22, 1954 , to 7/30, 1954 , that I last saw the deceased alive on 7/29, 1954 , and that death occurred at 4:10 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 908 N. 2nd St			23c. DATE SIGNED 7/30/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-54	24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois				
DATE REC'D BY LOCAL REG. JUL 31 1954		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]			ADDRESS 111 N. 13th	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address: 3847 Pege

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.