

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6552
State File No.
1440
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS CITY HOSPITAL)		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 2259 317 So. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) CHESTER	b. (Middle) Charles	c. (Last) SUTTON	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 14, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1923	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Worker	10b. KIND OF BUSINESS OR INDUSTRY Freight Lines	11. BIRTHPLACE (City and State or Foreign Country) Patterson, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Sutton	13b. MOTHER'S MAIDEN NAME Myrtle Rose	14. NAME OF HUSBAND OR WIFE Dorothy Sutton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W. W. # 2	17. INFORMANT'S SIGNATURE OR NAME Lee Rose, 1730 Missouri	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor (astrocytoma)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11-53	19b. MAJOR FINDINGS OF OPERATION lt. temporal-parietal Brain tumor	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 193X

22. I hereby certify that I attended the deceased from **2-9-55**, 19___, to **2-14-55**, 19___, that I last saw the deceased alive on **2-14-55**, 19___, and that death occurred at **2:05P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Julius L. Williams M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-15-55	24c. NAME OF CEMETERY OR CREMATORY Rockwell Cemetery	24d. LOCATION (City, town, or county) (State) Piedmont, Missouri.
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DATE REC'D BY LOCAL REG. FEB 15 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1955

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.....
Signature of Student Embalmer

Signed.....
John J. Haines

Licensed Embalmer No. *410*

P. O. Address *La Salle*

-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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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