

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9542

FILED APR 5 1955

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State File No. 9542

Registrar's No. 2757

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 9542			
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 township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____		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"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital				e. STREET ADDRESS (If rural, give location) 5003 Queens Avenue, 15, 20710					
3. NAME OF DECEASED (Type or Print) MARIE			a. (First) _____		b. (Middle) H.		c. (Last) DUTTON		
4. DATE OF DEATH March 24th, 1955		(Month) (Day) (Year)							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Dec. 8th, 1874		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Adolph Yeske			13b. MOTHER'S MAIDEN NAME Caroline Arndt			14. NAME OF HUSBAND OR WIFE Late James B. Dutton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph B. Dutton, 4571 Adelaide Avenue, 15			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Infective Thrombosis</i></p> <p>ANTECEDENT CAUSES <i>Arteriosclerosis</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis Heart Disease</i></p>						INTERVAL BETWEEN ONSET AND DEATH <i>78</i>	
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? <i>4200</i>					
22. I hereby certify that I attended the deceased from <i>April</i> , 19 <i>46</i> to <i>March 24, 1955</i> , that I last saw the deceased alive on <i>3-24</i> , 19 <i>55</i> , and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Charles J. Smith M.D.</i> (Degree or title)				23b. ADDRESS <i>Careo W. Flourmont</i>				23c. DATE SIGNED <i>3-25-55</i>	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE <i>3/28/55</i>		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAR 28 1955		REGISTRAR'S SIGNATURE <i>Charles J. Smith M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.			

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

File in City

Shirley

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 A. Melman*

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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.