

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046385

STATE FILE NUMBER

12741

Health, Welfare, Public Service, 300, 1-56, /, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED JAN 14 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12741

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 2 2/9	d. STREET (If outside, give location) ADDRESS 3204 Lawton
3. NAME OF DECEASED (Type or print) First James Middle Sutton Last Sutton		4. DATE OF DEATH Month December Day 27 Year 58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 28-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		11. BIRTHPLACE (City and state or country) Callahan Coal Co. Holly Grove, Ark.	9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months 11 Days 27 Hours Min. IF UNDER 24 HRS.
13. FATHER'S NAME Haywood Sutton		14. MOTHER'S MAIDEN NAME Jinnie Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-10-2718	
17. INFORMANT Leroy Sutton		Address 698 1/2 E. 40th Place Los Angeles 11, Calif.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Lowel Obstruction DUE TO (c) Anesthesia Conditions, if any, which gave rise to above cause, stating the underlying cause last. 570.5K			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) during operation for			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18) during operation at City Hospital #2 on	
20c. TIME OF INJURY Hour ? Month 12 Day 27 Year 58 a. m. p. m. 		September 27, 1958.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, hotel, office bldg., etc.) Shop	20f. CITY, TOWN, OR LOCATION St Louis Mo
21. I attended the deceased from 1000 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James E. Taylor (Degree & title)		22b. ADDRESS 1300 Olive	22c. DATE SIGNED 2/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 5, 59	23c. NAME OF CEMETERY OR CREMATORY OKDALE CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR Wm. Smith 4019 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JAN 2 '59	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 *Wm J. Smith*

Licensed Embalmer No. *42*
P. O. Address *H. Lee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.