

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015819

STATE FILE NUMBER

23591

MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar No.

5. 300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5158 Easton</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>4418 Greer</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) <b>Angeline Sutton</b>			4. DATE OF DEATH Month Day Year <b>April 8 1959</b>
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2 May 1902</b>
9a. AGE (In years last birthday) <b>56</b>		9b. UNDER 1 YEAR Months <b>11</b> Days <b>5</b>	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rosadale Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Dan Beatie</b>		13b. MOTHER'S MAIDEN NAME <b>Leana Mack</b>	
14. NAME OF HUSBAND OR WIFE <b>William Sutton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>Mr William Sutton 4418 Greer</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>terminal</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-renal Disease</b>			Unknown
DUE TO (c) <b>420.1</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Feb. 1957</b> to <b>April, 1959</b> and last saw her alive on <b>4-3-59</b> Death occurred at <b>11:55 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. E. Smith, M.D.</b>		22b. ADDRESS <b>11 N. Jefferson</b>	22c. DATE SIGNED <b>4-10-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Railroad</b>		23b. DATE <b>4/12/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverton Cemetery</b>
		23d. LOCATION (City, town, or county) (State) <b>Rosadale Mississippi</b>	
24. FUNERAL DIRECTOR <b>Herman J. Smith</b>		ADDRESS <b>4247/W Labadie</b>	25. DATE RECD. BY LOCAL REG. <b>APR 10 59</b>
		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>	

*mdb*

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldin*

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.