

FILED VS. SEP 28 1960 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Ferguson, 35,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>147 Anastasia Drive,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EUGENE</b> Middle <b>W.</b> Last <b>SUTHERLAND, JR.</b>			4. DATE OF DEATH Month <b>August</b> Day <b>26th</b> Year <b>1960</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>12-5-27</b>	9. AGE (last birthday) <b>32</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Eugene Sutherland</b>	13b. MOTHER'S MAIDEN NAME <b>Edith Caldwell</b>	14. NAME OF HUSBAND OR WIFE <b>Jean Sutherland</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean Conflict</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Jean Sutherland, 147 Anastasia Drive, 35</b>
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Fractured Skull</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Subdural Hemorrhage</b>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not include conditions given in PART I (a)) <b>Exhaustion, not used to the heat, struck by car.</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. MANNER OF DEATH <b>Homicide</b>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, if any, in Part II of item 18.) <b>deceased to strike sidewalk.</b>
--	---	---

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>in front of about 3714 North Union about 8:30 pm Aug 24 1960</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, office, factory, street, office bldg., etc.) <b>Sidewalk</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Mo</b>	STATE <b>983x</b>
---	---	---	--	---------------------	----------------------

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him live on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ **6:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Paul Simon</b>	(Degree and title) <b>Coroner</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>8/26/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>

24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ,</b> ADDRESS <b>4828 Natural Bridge Blvd</b> FUNERAL HOME, <b>St. Louis, 15, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 26 1960</b>	26. REGISTRAR'S SIGNATURE <b>Karl Smith M.D.</b>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Ralph C. Linders*

Licensed Embalmer No. 4275

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.