

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH -61-039280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registrar's No. 10036 STATE FILE NUMBER

AMENDED FILED NOV 8 1961

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		Length of stay in 1b 3 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2007 Obear
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Michael Middle Joseph Last Sutphin			4. DATE OF DEATH Month October Day 27 Year 1961		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/24/1961	9. AGE (last birthday) 3	IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Eugene Sutphin		13b. MOTHER'S MAIDEN NAME Julia Williams		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT Eugene Sutphin - 2007 Obear Ave.	

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 48 hrs.
IMMEDIATE CAUSE (a) Congestive Heart Failure		Life.
DUE TO (b) Hyaline Membrane Disease		
DUE TO (c) 773.0		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 11:50 a.m. / p.m. Month, Day, Year	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 St. Louis	COUNTY St. Louis	STATE Missouri
--	--	--	--	----------------------------	--------------------------

21. I attended the deceased from **Birth** to **10-27-68** and last saw him alive on **10-27-68**
Death occurred at **11:50** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Sign or title) Frank H. Smith M.D.	22b. ADDRESS 634 N. Paul	22c. DATE SIGNED 10-28-61
--	------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Oct 30, 1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
---	----------------------------------	--	---

24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave	25. DATE RECD. BY LOCAL REG. OCT 30 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	--	--

DATE AWARDED
INSTEAD OF
SHOULD READ
ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed not embalmed
Roeph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.