FILED NOV 6 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 69 0043703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9952

DO NOT WRITE ON THIS STUB

9. 1
10a. 66
10b.
11. 0
12. 1
13. 4123
14.
15. 1
16.
17.
18. 0
19. CREDITS
20.

VS 300
Rev. 1/68

4.
5. 60

DECEASED

1. DECEASED—NAME: GLADYS R. SUTTON
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): October 22 1969
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 66
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Oct. 1, 1903
7a. COUNTY OF DEATH
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Louis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Faith Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Carl C. Sutton
12. SOCIAL SECURITY NUMBER: 497-50-0966
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: -

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Missouri
14b. COUNTY:
14c. CITY, TOWN, OR LOCATION: St. Louis
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 2228A Oregon

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST: Andy Lewis
16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Sarah Bounds

17a. INFORMANT—NAME: Vernon Sutton
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2229A Oregon, St. Louis, Missouri 63104

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF (b): generalized arteriosclerosis — years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(c):

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Diabetes mellitus

19a. AUTOPSY (YES OR NO): Yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH 8 DAY 5 YEAR 69 TO 21b. MONTH 10 DAY 22 YEAR 69
21c. AND LAST SAW HIM/HER ALIVE ON MONTH 10 DAY 22 YEAR 69
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: not
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 8:30 A.M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Max S. Franklin
23b. SIGNATURE: Max S. Franklin MD — DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 10/23/69
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 607 N. Grand — CITY OR TOWN St. Louis. — STATE Missouri — ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal-motor
24b. CEMETERY OR CREMATORY—NAME: Des Arc, Cemetery
24c. LOCATION: CITY OR TOWN Des Arc. STATE Missouri
24d. DATE (MONTH, DAY, YEAR): Oct. 25, 1969
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Kriegshauser, 4228 S. Kingshighway St. Louis. Missouri 63109
25b. FUNERAL DIRECTOR—SIGNATURE: Richard E. Kriegshauser
26a. REGISTRAR—SIGNATURE: Melvin Tesar, M.D.
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 28 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.