APR 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12586

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Macon — Primary Registration District No. 3079 — Registered No. 82

City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME August Sautter

(a) Residence, No. Hydesburg Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~: Leona

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11. 1852

7. AGE: YEARS 84 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

FATHER

13. NAME: G. Sautter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Roy Dugan 916 Georgia St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bear Creek Kirkwille Mo DATE March 4 1937

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED 3/3 1937 H C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to March 2nd, 1937

I last saw him alive on March 1, 1937. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6-1-36
Other contributory causes of importance:	
Arterio Sclerosis	19-33

Name of operation: no — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A J Hardesty, M. D.

(Address) Hannibal Mo