

REC'D FEB 10 1939

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

675  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis / (d) Street No. City Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

D. 13585 360 Caroline Sutter  
2. PRINT FULL NAME  
(a) Residence, No. 1718 Arlington 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 3 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
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) Germany 6

13. NAME John Sutter 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 24, 1939

19. FUNERAL DIRECTOR (NAME) Drehman & Sons  
(ADDRESS) 1905 Union Blvd

20. FILED JAN 23 1939 J. B. Bridick  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/39 19

22. I HEREBY CERTIFY, That I attended deceased from 12/16/38 19 to 1/21/39 19  
I last saw her alive on 1/21/39 19. Death is said to have occurred on the date stated above, at 10.40 a.m.  
The principal cause of death and related causes of importance were as follows:

*Leucosarcoma with involvement of spinal cord causing thrombolytic myelitis.*  
Date of onset  
Other contributory causes of importance:  
*Decubitus ulcers*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

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? ..... (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) E. P. ReK M. D.  
(Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Warren A. Carver*

Licensed Embalmer No.....

*3534*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**