

Registration District No. **201** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County **2**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4134 Loughborough**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **10 years**  
years, months or days)

8. (a) PRINT FULL NAME **Lena Sutter** **360**  
3. (b) If veteran, name war **----** 8. (c) Social Security No. **----**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Peter** 6. (c) Age of husband or wife if alive **----** years  
7. Birth date of deceased **May 15, 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>6</b>	<b>11</b>	hr. _____ min.

9. Birthplace **France**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **7**

FATHER { 12. Name **Jacob Loeb** **7**  
13. Birthplace **France** (City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name **Unknown Denué**  
15. Birthplace **France** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Paul Sutter**  
(b) Address **4134 Loughborough**

17. (a) **Burial** (b) Date thereof **11/29/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Wacker-Helderk**  
(b) Address **2331 S. Broadway**

19. (a) **NOV 27 1939** (b) **J. Budick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4134 Loughborough**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**  
year **1939** hour **9** minute **15** a.m.

21. I hereby certify that I attended the deceased from **June 1, 1937**, to **Nov 26, 1939**  
that I last saw h. **alive on Nov 25, 1939**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>chronic myocarditis</b>	<b>6/1/37</b>
<b>chronic nephritis</b>	<b>7/1/37</b>
<b>arteriosclerosis</b>	<b>5/1/37</b>
Other conditions (Include pregnancy within 3 months of death)	<b>none</b>
Major findings: Of operations	<b>X</b>
Of autopsy	<b>no autopsy</b>

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **X**  
(b) Date of occurrence **X**  
(c) Where did injury occur? **X** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **X**

While at work? **X** (Specify type of place) (e) Means of injury **X**  
23. Signature **W. William T. Hruska** (M. D. or other) **M.D.**  
Address **3500 N. Grand** Date signed **11/27/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
FORM 5-17-39  
U.S. GOVERNMENT PRINTING OFFICE: 1938

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.

MARGIN RESERVED FOR BINDING

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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 Robert Wheeler

Licensed Embalmer No. 2178

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