

STANDARD CERTIFICATE OF DEATH

State File No. 41678
Registrar's No. 10801JAN 12 1940
Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis. /
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 23, 1931
50yrs. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis, Mo. / 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Foreigner. _____ years.3. (a) PRINT FULL NAME Benjamin Sutter. 3603. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Late Rose Sutter 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased January 29 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 10 17 hr. _____ min.9. Birthplace Switzerland. Foreigner

(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith11. Industry or business X12. Name Adam Sutter13. Birthplace Switzerland.

(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sutter15. Birthplace Switzerland.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. M. Sutter(b) Address 5800 Arsenal St.17. (a) Burial (b) Date thereof 12-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hiram Cemetery18. (a) Signature of funeral director H. G. Schaefer(b) Address 4222 So. Kingshighway19. (a) DEC 18 1939 (b) J. S. Sutter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16,
year 1939 hour 1:30 minute _____ p. M.21. I hereby certify that I attended the deceased from April 23,
1939, to December 16, 1939,
that I last saw him alive on December 16, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Degenerative Heart Disease Duration _____Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Yes 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) _____

(b) Date of occurrence None(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 123. Signature Dr. S. Bogalis (M. D. or other)

Address _____ Date signed _____

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

Edwin M. Bennett

Licensed Embalmer No.

3024

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.