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

FEB 14 1941

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State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City

(c) Name of hospital or institution: 714 Kingsland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Birth years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 714 Kingsland Ave 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harriett I Sutter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1941 hour 11:00 PM minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis Sutter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/26/41 to 1/27/41, 19____; that I last saw him alive on 1/27/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>21</u>	hr. _____ min.

Due to Heart Failure
Chronic Myocarditis ?

Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Other conditions Cardiac Cathexis 4 days
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name George Etling

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Johnson

15. Birthplace England 4
(City, town, or county) (State or foreign country)

Major findings: Of operations 937

Of autopsy _____

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

16. (a) Informant Miss Isabelle Sutter

(b) Address 714 Kingsland Ave

17. (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 28 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

23. Signature Richard Sutter (M. D. or other) D

Address 906 Olive St Date signed 1/28/41

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: *Ronald Hampton*.....

Licensed Embalmer No. *2967*.....

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, fact should be so stated above.