

MAR 17 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1231

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles A. Sutter

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Betz Sutter 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 16 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 20 hr. min.

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

10. Usual occupation Restaurant business

11. Industry or business _____

12. Name Not known

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

14. Maiden name Unknown

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

16. (a) Informant Laura Sutter

(b) Address Lemay, Mo.

17. (a) Burial (b) Date thereof 2/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director _____

(b) Address 702 Graycis

19. (a) FFB 0 (b) J. E. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay Rural NR?
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 6
year 1942 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Febr. 4 1942 to Feb 6 1942
that I last saw him alive on Febr. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 days
Coronary disease yr.

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

Major findings: _____
Of operations _____
Of autopsy _____
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) No
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (Country) (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 _____

23. Signature Erwin D. Creelius (M. D. or other) _____
Address 241 Lemay Ferry Rd. Date signed 2-7-42

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

MOTHER FATHER

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..... *B. P. Kidweep*.....
Licensed Embalmer No... *3877*.....
P. O. Address... *7027 Mavis*.....

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.