

FILED MAY 19 1942 91

State File No. 4188

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2915 Keokuk  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2915 Keokuk  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Anna Sutter

3. (b) If veteran, name war. 3. (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 Martin 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 5 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Herman Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name Conrad Erny  
13. Birthplace Switzerland  
14. Maiden name Mary Ann Schautni  
15. Birthplace At Sea X  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Sutter  
(b) Address 2915 Keokuk

17. (a) Burial (b) Date thereof 5-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director  
(b) Address 3013 Meramec St.

19. (a) MAY 12 1942 (Date received local registrar)  
G. J. Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from March 10 1942 to May 10 1942  
that I last saw her alive on May 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: heart failure due to hypertension  
Due to chronic nephritis  
Duration 2 years

Other conditions: 121  
(Include pregnancy within 3 months of death)

Major findings: 121  
Of operations: 121  
Of autopsy: 121  
PHYSICIAN

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?

While at work (Specify type of place) (c) Means of injury  
23. Signature Phos. H. Weimersen M.D. Date signed 7-11-42  
Address 3232 Lafayette St.

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

Dr. Wm. H. ...  
3282 ...  
3-4

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

*Clarence Rochow*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Clarence Rochow*

Licensed Embalmer No. *3023*

P. O. Address *3013 Meramec*

**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.**