No. 2
-2-43
17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944 818

Registration District No. _____ Primary Registration District No. 1003

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16800

Registrar's No. 4677

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: St. Anthonys Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7406 Minnesota Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Joseph L. Suter

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 26 1860
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	3	23	hr. min.

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

10. Usual occupation Retired Contractor

11. Industry or business _____

FATHER
12. Name Joseph Suter
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Leo W. Suter
(b) Address 5343 Walsh

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) MAY 21 1944 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 5.20 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1944 to May 19, 1944 that I last saw him alive on May 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Esophagus (upper third)	3 mos.
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) _____

(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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. W. Pitts (M.D. or other) M.D.

Address 4145 a. S. Grand (18) Date signed 5/20/4

(Licensed Embalmer's Statement on Reverse Side)

Grand & Tyler
2 to 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 George N. Archambault, Registered Apprentice No. XXXXXXX, working under my personal supervision.

Signed: George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.