

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 7 1944  
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2002

1. PLACE OF DEATH:

(a) County St Louis Co  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
Old, Halls, Ferry Rd. & Highway 66  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis 96  
(c) City or town St Ferdinand Township 66  
(If outside city or town limits, write "RURAL")  
(d) Street No. Old, Halls, Ferry Rd. Highway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kunigunda Sutter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Sutter 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 3 d 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 ----- 6 -- 22 - hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frederick Hoffman

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

14. Maiden name Elisabeth Brittlng

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

16. (a) Informant George Sutter

(b) Address Baden Station R; Rr Box 4 1944

17. (a) Burial (b) Date thereof Sep 28 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) OCT 2 1944 (b) E. S. Molhan M.D.  
(Date received local health officer) (Registrar's signature) ama

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1, 1943 to Sept 25, 1944  
that I last saw her alive on Sept 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of intestines 1944  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 462

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Psychop (M. D. or other) \_\_\_\_\_

Address 8321 N. B. Dr Date signed 10/25/44

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

46000

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.....  
*John Ketter*

Licensed Embalmer No... 3880

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, fact should be so stated above.**