

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **32429**
Registrar's No. **8901**

FILED NOV 21 1945
316
Registration District No.

Primary Registration District No.

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

100
17
9

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:
4529 N. Kingshighway 1
(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.....
years, months or days)

3. (a) PRINT FULL NAME Bernard J. Sutter

3. (b) If veteran, name war..... World #1

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hazel Mae Sutter nee Patterson

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

7. Birth date of deceased August 24, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>19</u> hr. min.

9. Birthplace..... St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name..... Bernard Sutter

13. Birthplace..... St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name..... Margaret Wilhelm

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

16. (a) Informant..... Paul J. Sutter

(b) Address..... 4529 N. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 10/17/45
(Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

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

(b) Address..... 2161 East Fair Ave

19. (a) OCT 16 1945 (Date received local registrar)

J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No..... 4529 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,
year 1945 hour 8:20 PM minute..... M.

21. I hereby certify that I attended the deceased from.....
Aug 5, 1945 to 10-13, 1945

That I last saw him..... alive on..... 10-12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Adeno Carcinoma of left lung

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

Signature..... W. Schimicher (M. D. or other) md

Address..... 4991 Shuck Date signed..... 10-15-45

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

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

Gustav W. Dickel

Licensed Embalmer No. *4329*

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.