

U.S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18115
Registrar's No. 1141

FILED JUN 3 1946

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Old Halls Ferry Rd. & Rout 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 Co

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Old Halls Ferry Rd & rt 66
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George Sutter Sr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month STH day 23RD
year 1946 hour 2 minute 10 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kunigunda Sutter

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

7. Birth date of deceased May 21 St 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62----- 0---2--- _____ hr. _____ min.

Immediate cause of death fractured skull & head injuries.

Duration _____

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

10. Usual occupation Truck Gardner

Due to deceased driving truck and ran off the road.

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Sutter

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

{ 14. Maiden name Margareth Willgeim

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Sutter

(b) Address 1045 Sella Ave St Louis Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 27 Th 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

Major findings: Of operations _____

XX APPROX _____

18. (a) Signature of funeral director Edwina Koch

(b) Address 3516 N 14 Th Str

19. (a) 3-25-46
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(a) Date of occurrence 5/23/46

(c) Where did injury occur? Baden Station, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road.
(Specify type of place)

While at work? _____

(e) Means of injury Blunt impact

23. Signature Arnold J. Willmann
(M.D. or other)

Address Weyer, Mo.

Date signed 5/25/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Hetter*
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.