

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4327**

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:
Dea Paul Hospital
(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 St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 66 & Hallsfery
(If rural, give location)

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

3. (a) PRINT FULL NAME Therisa C. Sutter

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 12 1946 to May 12 1946
that I last saw her alive on May 12 1946
and that death occurred on the date and hour stated above.

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 31 years

7. Birth date of deceased April 14 Th 1916
(Month) (Day) (Year)

Immediate cause of death
Cherper & clamps 1 day

Due to Acute glomerular Nephritis

Due to Pregnancy 8 1/2 mo

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

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

30 ----- 1 ----- 28 -----
hr. min.

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

Major findings of operations: Cesarian section
Large male child at term

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Ritter

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

14. Maiden name Therisa Tiemeler

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

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 _____

23. Signature Edward Kod (M. D. or other)
Address 1117 N. Grand Date signed 5/12/46

16. (a) Informant George E. Sutter Jr

(b) Address Halls Ferry & R 66 St Louis

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

(b) Date thereof May 15 Th
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem - 1946

18. (a) Signature of funeral director Edward Kod

(b) Address 3516 N 14 Th Str

19. (a) MAY 14 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

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

MOTHER FATHER

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.