

S. No. 30971 ED NOV 12 1952  
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THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 36908  
 Registrar's No. 9601

2091

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Portland Place</u>				d. STREET ADDRESS (If rural, give location) <u>12- 10 Portland Place</u>			
3. NAME OF DECEASED (Type or Print) <u>WALTER SUTTER</u>		a. (First) _____		b. (Middle) <u>WALTER EDWARD</u>		c. (Last) <u>SUTTER</u>	
4. DATE OF DEATH <u>Oct 19 1952</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 1, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 100 HRS. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Realtor Broker</u>		13a. FATHER'S NAME <u>John Sutter</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Preiss</u>		14. NAME OF HUSBAND OR WIFE <u>Antonia Horst Sutter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Antonia Sutter</u>		ADDRESS <u>10 Portland Pl</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		DUE TO (b) <u>arteriosclerosis</u>				<u>15-20 min</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				<u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		_____				<u>5-7</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>				22. I hereby certify that I attended the deceased from <u>4/29</u> , 19 <u>47</u> , to <u>10/12</u> , 19 <u>52</u> that I last saw the deceased alive on <u>10/12</u> , 19 <u>51</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Robert W. Crossman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>607 1/2 Grand ave.</u>		23c. DATE SIGNED <u>10/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 18 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith md</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stock Mortuary, 889 S. Brentwood Bl</u>			

MAY 1953

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.