MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6596

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1412

City St Louis (No. 4232 Flora Bl. St. ..... Ward)

2. FULL NAME Charles J. Sutter

(a) Residence. No. 4232 Flora St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha F. Sutter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	~~10~~ 3	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrical
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Sutter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Bertha F. Sutter
(Address) 4232 Flora Bl.

15. FILED FEB 10 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Feb 7, 1930, that I last saw him alive on Feb 7, 1930, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Tongue w.
45 B Metastases
P3E
1079 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
3 DID AN OPERATION PRECEDE DEATH? Yes No DATE OF 7/22/29
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) Ellis Fischel, M. D.
2/8, 1930 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peters	Feb 10 1930
20. UNDERTAKER	ADDRESS
A Kron L & U Co 2707 M Grand	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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