

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1003**

Township.....

Primary Registration District No. ....

City St. Louis (No. 2079<sup>e</sup> Albee Ave)

**28728**

File No. ....

**8642**

Registered No. ....

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2079<sup>e</sup> Albee Ave St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Etta Sutter

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

April 15 1887

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

43

4

15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Ben Moore Paint Co.

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Barth Sutter

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland

**12. MAIDEN NAME OF MOTHER**

Elsa Ruffner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**14.**

INFORMANT

(Address)

Mrs Etta Sutter  
2079<sup>e</sup> Albee Ave

**15.**

FILED

SEP - 2 1937

Max C. Stover  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug 30 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Aug 22, 1930, to Aug 30, 1930 that I last saw him alive on Aug 29, 1930, and that death occurred, on the date stated above, at 6:18 Am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intestinal Obstruction  
195 (B) Volvulus of  
9 (B) (Illium)  
(duration) ..... yrs. .... mos. 7 ds.

**CONTRIBUTORY (SECONDARY)**

Cardiac Thrombosis

(duration) ..... yrs. .... mos. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

2079 Albee Ave

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-22

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

Post mortem

(Signed)

Geo. A. Mellies M. D.

1. 1930 (Address) 2743 N. Grand Blvd.

\*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. Johns Cemetery

Sept. 5, 1930

**20. UNDERTAKER**

**ADDRESS**

Liehmann & Son

1905 Union

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

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.

