

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.

APR 9 1935

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

Do not use this space.

10865

1. PLACE OF DEATH

City St. Louis (No. Deaconess Hospital)
County Registration District No. 791
Township Primary Registration District No. 1003
File No.
Registered No. 2488
St. Ward)

2. FULL NAME Armin Adam Kutterer

(a) Residence, No. 6163 Victoria Ave. St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27th, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Conrad Kutterer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Ills.15. MAIDEN NAME Ida Gausmann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Ills.17. INFORMANT (ADDRESS) Conrad Kutterer
6163 Victoria Ave.18. BURIAL, CREMATION, OR REMOVAL Oak Grove Mausoleum DATE Mar. 18, 193519. UNDERTAKER (ADDRESS) Drehmann & Son
1905 Union Blvd.20. FILED MAR 15 1935 19 Joe F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th, 1935

22. I HEREBY CERTIFY That I attended deceased from

Apr. 17 1934 to Mar 15 1935I last saw him alive on Mar 14 1935 Death is saidto have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

① Acute Cordiac Decompenation Date of onset 3-11-35
② Chronic Myocarditis 4-17-34
③ Chronic Nephritis (Interstitial) 7-3-34
④ Hepatic Cirrhosis Hypertrophica 7-29-34

Other contributory causes of importance:

Nephritis chr. and
Hepatic CirrhosisName of operation None Date of operationWhat test confirmed diagnosis? Kay's Biopsy of Choleliths No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Cleveland, M. D.(Address) 5930 Southwell Ave

5930 Southwest

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