APR 11 1936

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

Do not use this space.
13373

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5029, Calaveras St. ..... Ward)

File No. .....

Registered No. 3473

2. FULL NAME Emanuel W. Sutter

(a) Residence, No. 5024 Raymond St., Ward. 12 (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)
M.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Sutter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Jacob (STATE OR COUNTRY) Illinois

FATHER

13. NAME Andrea Sutter

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Philimina Burkhardt

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mary Sutter (ADDRESS) 5024 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE April 1, 1936

19. UNDERTAKER Pasquale Miceli & Son (ADDRESS) 1133 No. Kingshighway, St. Louis

20. FILED MAR 31 1936 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to March 29, 1936

I last saw h~~im~~ alive on 3/29, 1936. Death is said to have occurred on the date stated above, at 6.30 A.m.

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

	Date of onset
Pneumonia Lobar	3/26/36
Chronic Nephritis	?
Other contributory causes of importance: Parenchymatous	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury X, 19.....

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

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) Howard M. Foster, M. D.

(Address) 5059A St. Louis, Mo.

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.