

REC'D JUN 16 1938

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

19142
Do not use this space.

1. PLACE OF DEATH *Perry*
(a) County *Central* Registration District No. *660*
(b) Township *Central* Primary Registration District No. *5878* Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *HENRY FRANCIS SUTTERER* *31st*
(a) Residence, No. *Perryville Route 2* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Mary Hoffman*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 16 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as 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) *Perry County*
(STATE OR COUNTRY) *Missouri*

13. NAME *Frederick Sutterer*

14. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

15. MAIDEN NAME *Amelia Brehmer*

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

17. INFORMANT (ADDRESS) *Gilbert Sutterer*
Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Hope Cem. Perryville Mo* DATE *June 2, 1938*

19. FUNERAL DIRECTOR (NAME) *Bay Funeral Home*
(ADDRESS) *Perryville Missouri*

20. FILED *6-1*, 1938 *Joe J. Zollner*
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30*, 1938

22. I HEREBY CERTIFY, That I attended deceased from *July 1, 1933* to *May 30, 1938*

last saw him alive on *May 30, 1938* Death is said to have occurred on the date stated above, at *8:30 P.M.*

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

Chronic myocarditis Date of onset _____
Coronary Sclerosis *5 yrs*

Other contributory causes of importance: *hypertension*

Chronic Arthritis *2 yrs*

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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 *Oscar A. Larson*, M. D.
(Signed) _____

(Address) *Perryville, Mo*
595

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

Registered Apprentice No....., working under my personal supervision.

Signed..... *Albert H. Bey*

Licensed Embalmer No. *3866*

P. O. Address *Perryville, Md*

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, above space should be left blank.