

REC'D SEP 12 1938

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

27193

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **4503** **Magnolia** St.  
(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. da.

Registered No. **7207**

## 2. PRINT FULL NAME

**George Sutz**  
(a) Residence, No. **4503 Magnolia**, St. **17**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**73 0 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Blacksmith**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**  
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) **Austria**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs Rose A. Darr**  
**6503 Magnolia**

18. BURIAL, CREMATION, OR REMOVAL **Int. Hope Mangole** DATE **Aug. 16 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kiehmman Harval**  
**1905 Union Blvd.**

20. **AUG 15 1938** **J. P. Budiek** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug, 14 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 13 1938** to **Aug 14 1938**  
I last saw him alive on **Aug 14 1938** Death is said to have occurred on the date stated above, at **1:30 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Asterio-Sclerosis**  
**82a**  
Other contributory causes of importance **Cerebral Hemorrhage**  
**Hemiplegia with Paralysis of Bladder**  
Name of operation..... 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? **No.**  
If so, specify.....  
(Signed) **M. E. Sheets**, M. D.  
(Address) **1438 8th St. St. Louis**

Sheet  
9618  
C.A. 7060  
8-9 AM

**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, .....

*Warren A. Carver*

or by .....

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

Signed

*Warren A. Carver*

Licensed Embalmer No.

*3534*

P. O. Address .....

**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.**