

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

26104
 Do not use this space.

AUG 12 1939

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township W. Vernon Primary Registration District No. 5633 Registered No. 98
 (c) City W. Vernon (d) Street No. Missouri State Sanatorium 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. ds.

2. PRINT FULL NAME

Charles Lawrence Sutter
 (a) Residence, No. 6414 Derby, Wellston, Missouri St.
 (Usual place of abode, if no street address, write county or city) (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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939, P.M.

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to July 26, 1939, P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1910

I last saw him alive on July 25, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 2 27

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe worker
 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) December 1937 11. Total time (years) spent in this occupation

Pulmonary tuberculosis Spring 1938 Date of onset 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

Other contributory causes of importance:
Left tuberculosis
empyema fall 1938

FATHER 13. NAME Christian C. Sutter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 15. MAIDEN NAME ---Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsdale Michigan

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla cemetery DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Plestich
5966 Eastern Ave. St. Louis 20

20. FILED July 26, 1939 P. C. Holmes Local Registrar.

Name of operation none Date of none
 What test confirmed diagnosis sputum Was there an autopsy no

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) J. A. Tocker, M. D.
W. Vernon, Mo (Address) 421

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 839-1554

Date Filed AUG 8 1939

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.....

Leonora W. Kraeger, Registered Apprentice No.
working under my personal supervision.

Signed Leonora W. Kraeger

Licensed Embalmer No. 2678

P. O. Address St. Louis Mo

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.