

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18627**
Registrar's No. _____

Registration District No. **660**

Primary Registration District No. **4396**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Perryville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **84-1-2** years, months or days

3. (a) PRINT FULL NAME **Barbara Sitterer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Frank X. Sutterer** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 23 1857** (Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Adam Hornberger**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Eizabeth Baer**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edw. Bergman**
(b) Address **Perryville Mo. R.R. 4**

17. (a) **Burial** (b) Date thereof **April 26 1941** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville**

19. (a) **4-26-41** (b) **Joe J. Zollner** (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry** **79**
(c) City or town **Perryville Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24** year **1941** hour **12** minute **45A.** M.

21. I hereby certify that I attended the deceased from **Feb 15**, 19**41**, to **April 24**, 19**41**, that I last saw her **ER** alive on **April 23**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** **22 days**
Due to **Arteriosclerosis**
Due to **Hypertension** **2 yrs.**

Other conditions (include pregnancy within 3 months of death) **82 lb**

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____ Underline the cause to which death should be charged statitically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **595**

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **Deane A. Carson** (M. D. or other) **0**
Address **Perryville, Mo** Date signed **4-26-41**

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.....

Licensed Embalmer No. 2138

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, fact should be so stated above.