

Registration District No. 191

Primary Registration District No. _____

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 50 years 0
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Fred Sautter
8. (b) If veteran, name war --- 8. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Freida 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 28, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 28 hr. min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

18. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rodney Kettelkamp
(b) Address 4074 Alma St.

17. (a) Burial (b) Date thereof 7/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Welch
(b) Address 3634 Gravois Ave.

19. (a) JUL 26 1941 (b) J. D. Frederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4930 Finkmann Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 11 minute 15 pm.

21. I hereby certify that I attended the deceased from June 24, 1941, to July 25, 1941;
that I last saw him alive on July 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 2 days

Due to _____
Due to _____

Other conditions hemiplegia & partial paralysis
(Include pregnancy within 3 months of death)
caused by cerebral

Major findings: Hemorrhage
Of operations _____
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

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

23. Signature Wm R. Nye, M.D. (M. D. or other) D
Address 2931 Franklin Ave. Date signed 7/26/41

AUG 28 1946

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.....

Frank J. Ryland

Licensed Embalmer No.

2645

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.