

FILED SEP 17 1941 791

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6911

1. 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:  
Missouri Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... IN 15 days  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... Mamie Ursela Sutter

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

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

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

7. Birth date of deceased..... April 22, 1867  
(Month) (Day) (Year)

8. AGE: Years..... 74 Months..... 4 Days..... 22 If less than one day..... hr. .... min.

9. Birthplace..... St. Louis Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Registered Nurse

11. Industry or business.....

12. Name..... John Sutter,

13. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name..... Christine Pries,

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

16. (a) Informant..... Walter Sutter,  
 (b) Address..... 6955 Pershing Ave.

17. (a) Burial (b) Date thereof..... 8/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park

18. (a) Signature of funeral director..... [Signature]  
 (b) Address..... 2117 E. Grand Blvd.

19. (a) Aug 26 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis  
 (c) City or town..... Pine Lawn,  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 6236 Grove Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. day..... 25  
 year..... 1941 hour..... 9 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from..... August 10th, 1941, to..... August 25, 1941;  
 that I last saw him alive on..... August 25, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Hemiplegia Right caused by cerebral hemorrhage 15 days.  
 Due to..... arteriosclerosis 10 years.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... [Signature]  
 Of autopsy..... [Signature]

Duration  
 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) (b) Means of injury.....  
 23. Signature..... Richard A Sutter (M. D. or other)..... M.D.  
 Address..... 906 Olive St Date signed..... 8/26/41

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

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**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 A. Moore*  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. 1st St.

**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.**