

mo 4793

33370  
8325

FILLED NOV 24 1947 91 |

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

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:  
6163 Victoria Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ida Kutterer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Conrad Kutterer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 6 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mo. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Herman Gausman

13. Birthplace Unknown Germany /  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Unknown

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

16. (a) Informant Conrad Ketterer

(b) Address 6163 Victoria

17. (a) Burial (b) Date thereof Oct. 22 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleums

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 21 1947 (b) J. J. Bresch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19  
(d) Street No. 6163 Victoria Ave. (If rural, give location) 94  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19  
year 1947 hour 2 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June  
17 1940, to Oct 19 1947  
that I last saw her alive on Aug 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 1 day  
Organic Heart disease Coronary

Due to Coronary Heart disease + Myocardial degeneration (Etiology) 2 yrs  
Due to Coronary

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. F. Cleveland (M. D. or other) 0

Address 5930 S. Brentwood Ave. Date signed 10-20-47

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

Dr. Isaac Cleveland  
830 - 1000  
5850 Southview

**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 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, fact should be so stated above.