

FILED JUN 15 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4787

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

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution? 8 days
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 97

(d) Street No. 4529 North Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Hazel Mae Sutter

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

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

6. (b) Name of husband or wife Barney J. Sutter 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 14, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 2 15 hr. min.

9. Birthplace Easton Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Gustavos H. Patterson

{ 13. Birthplace Galion Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Annabel Brown

{ 15. Birthplace Galion Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Barney J. Sutter
(b) Address 4529 North Kingshighway

17. (a) Burial (b) Date thereof 6/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUN 1 1942 (b) J. B. Bedick
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29,
year 1942 hour 4:30 PM minute M.

21. I hereby certify that I attended the deceased from May 21
to May 29, 1942
that I last saw her alive on May 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Right Hemiplegia

Due to Hypertension

Other conditions 82 a!
(Include pregnancy within 3 months of death)

Major findings:
Of operations 82 a!
Of autopsy 82 a!

Duration 8 days

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? Yes (Specify type of place) D
Means of injury M.D.

23. Signature J. B. Bedick (M. D. or other) M.D.
Address 5014 Sheldahl Date signed 6/1/42

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 Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.