

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21959

Registrar's No. 48

Registration District No. 660

Primary Registration District No. 5878 3479

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Sereno Mo. Bois Brule
(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.
In this community 81-0-15 (Specify whether years, months or days)

3. (a) PRINT Victoria Sutterer
FULL NAME

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. 2 divorced Widowed
6. (b) Name of husband or wife. Frank X. Sutterer 6. (c) Age of husband or wife if alive. June 1861 years
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 15 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 Sebastian Regelsperger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Moll
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Sutterer

(b) Address Sereno Mo.

17. (a) Burial (b) Date thereof July 6 1942
(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 Mo.

19. (a) 7-5-42 (b) C. J. Pennington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Sereno Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from July 25 1942 to July 4 1942
that I last saw ER alive on July 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 9 days

Due to Hypertension 5 yrs
Due to Atherosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

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) (c) Means of injury

23. Signature Oscar A. Carson (M. D. certificate)
Address Perryville, Mo. Date signed 7-6-42

RECEIVED

District Health Officer No. 4

District File Number 742-906

Date Filed 7-13-42

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

Edward G. Young

Licensed Embalmer No. 2138

P. O. Address *Perryville 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.