

1. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31364

State File No. _____

FILED OCT 6 1942
Registration District No. 1002

Primary Registration District No. J02

Registrar's No. 1858

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Eureka,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Central Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 5 years years, months or days)

3. (a) PRINT FULL NAME Roma Lee Sutterman,

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 21, 1937
(Month) (Day) (Year)

8. AGE: Years 5 Months 2 Days 37 1/2 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Vernon Sutterman,

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

14. Maiden name Helen E. Savory,

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

16. (a) Informant Mrs. Vernon Sutterman,

(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or disposal) (b) Date thereof 9-7-42
(Month) (Day) (Year)

(c) Place: burial or cremation Central Cem. Pacific, Mo.

18. (a) Signature of funeral director Schnader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) SEP - 5 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Eureka,
(If outside city or town limits, write "RURAL")

(d) Street No. Central Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4,
year 1942 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor Malignant
medulla oblongata 17 MB

Due to _____

Due to _____

Other conditions 5 ft
(Include pregnancy within 3 months of death)

Major findings: Same

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 752 Maryland Date signed 9/6

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.