

BUREAU OF THE CENSUS  
FILED FEB 16 1943

318

Registration District No. ....

Primary Registration District No. .... 1002

Registrar's No. .... 1170

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3632 Minnesota 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..... Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No. .... 3632 Minnesota Ave.  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME..... EDWARD SUTTER SR.

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

3. (c) Social Security No. .... 488-07-8128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1943 hour 4 00 P.M. minute..... M.

21. I hereby certify that I attended the deceased from 1-7-43 to 2-3-43 that I last saw him alive on 2-3-43 and that death occurred on the date and hour stated above.

4. Sex..... Male

5. Color or race..... White

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

6. (b) Name of husband or wife..... KATHERINE SUTTER

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

7. Birth date of deceased..... Jan 15 1876  
(Month) (Day) (Year)

Immediate cause of death..... Chronic Myocarditis

Duration.....

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

67 0 19 hr. min.

Due to.....

Due to.....

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

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

10. Usual occupation..... Day Laborer

Major findings: Of operations..... None

Of autopsy..... None

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... Joseph Sutter

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

14. Maiden name..... Marie Dick

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

16. (a) Informant..... William Sutter

(b) Address..... 3632 Minnesota Ave.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof..... Feb 6/43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Shaputis & Son

(b) Address..... 3906 Gravois Ave.

19. (a) FEB 5 1943  
(Date received local registrar) (b) J. F. Brudick  
(Registrar's signature)

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)

Means of injury.....

23. Signature..... Albert G. Brudick (M. D. certifier)

Address..... 3109 S. Grand Date signed..... 2/4/43

**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.....

*David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Burrows*

**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.**