S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12850

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4010

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:
4215 Wyoming /
(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)

2. USUAL RESIDENCE OF DECEASED: 000 17 96

(a) State Mo. (b) County

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

(d) Street No. 4215 Wyoming
(If rural, give location)

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

3. (a) PRINT FULL NAME John C. Suttmoeller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 10 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Gents Furnishings

FATHER
12. Name David Suttmoeller
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Menkhausen
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Theresa Suttmoeller
(b) Address 4215 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Badeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27 year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 30 1941 to April 27 1943 that I last saw him alive on Apr 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Hemiplegia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. B. Dr Puy (M. D. or other) M.D.
Address 1446 S. Grand Date signed 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

1946 8 Brand
for 7364
9-10

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 Clarence J Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence J Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.