

FILED MAY 20 1944 **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1525a Benton St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **84 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Ida Sutter**

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

4. Sex **female** 5. Color **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **late Jacob Sutter** 6. (c) Age of husband or wife if alive **October 19 1859** (Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **23** If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

12. Name **Frederick Sanders**

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

14. Maiden name **Lottie Schoelmeyer**

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

16. (a) Informant **Fred J. Sutter**

(b) Address **1525a Benton St.**

17. (a) Burial (b) Date thereof **5-15-44** (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave**

19. (a) **MAY 15 1944** (Date received local registrar) **J. F. Brudner** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **1525a Benton St.** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12th.** year **1944** hour **1:45** minute **AM.** M.

21. I hereby certify that I attended the deceased from **April 15**, 19**44**, to **May 12**, 19**44** that I last saw her alive on **May 9**, 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Cardiac Dilatation** Duration **1 day**  
Due to **Chr. Bronchitis** **6 M.**

Due to **106**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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 **Fred J. Brudner** (M. D. or other) Address **2249 St. Louis ave** Date signed **5/13 44**

**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.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

**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.**