. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35367

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2071

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City, 5.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: 1331 Midland 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis,
(c) City or town University City 5,
(If outside city or town limits, write "RURAL")
(d) Street No. 1331 Midland Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK E. SUTEMEIER.
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. 488-09-3259
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Margaret H. Sutemeier.
6. (c) Age of husband or wife if alive 50. years
7. Birth date of deceased June 29, 1880. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64.	3.	11.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Salesman: Warner -
11. Industry or business Jenkinson Abstract Co.,
FATHER
12. Name Henry Sutemeier.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amelia Walbrecht.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs F. E. Sutemeier.
(b) Address 1331 Midland Avenue,
17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, J.B.
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) OCT 12 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th.
year 1944 hour 12:45 minute P 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 Bullet wound of roof of mouth, self-inflicted.
Due to Bullet wound of roof of mouth, entering cranial
Due to cavity and severing the brain stem.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes.

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) Suicide.
(b) Date of occurrence October 10, 1944
(c) Where did injury occur? 1331 Midland Ave. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home. (Specify type of place)
While at work? (e) Means of injury 2
23. Signature H. S. Breyfogle Deputy Coroner (M.D. or other)
Address Clayton, Mo. 10-11-44 Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

NOV 16 1944

NOV 24 1944

OCT 8 1945

OCT 19 1944

NOV 3 1944

8 1945

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. Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.