

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X3667

FILED FEB 7 1946
Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1535 Wellston Pl.
(If rural, give location) NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

LEONARD SUTTERFIELD

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

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Sutterfield 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased October 4 1896
(Month) (Day) (Year)

8. AGE: abt 49 years 3 Months 20 Days If less than one day
abt 51 hr. min.

9. Birthplace Reynolds Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
12. Name Thing Unknown Sutterfield
13. Birthplace Reynolds Co. Unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jane Unknown Polk
15. Birthplace Reynolds Co. Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Sutterfield

(b) Address 1535 Wellston Pl.

17. (a) Burial (b) Date thereof. 1-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd,

19. (a) JAN 28 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 1946 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 1/7/46
..... 19..... to 1/24/46, 19.....;
that I last saw h. im alive on 1/24/46, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to 13
Due to
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) (c) Means of injury
23. Signature J. F. Bredeek P.I. Donn
15 Lafayette (M, D, or other) 1/25/46
Address Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
3179

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..... *Elmer R. Cadwell*

..... Licensed Embalmer No..... *4077*

P. O. Address.....

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.