

18116

State File No. _____

Registrar's No. 1082

FILED MAY 27 1946

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution:
723 Zeiss 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

3. (a) PRINT FULL NAME Jacob Sutter

3. (b) If veteran, name war None 3. (c) Social Security No. 489-01-9443

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec. 10 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 6 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business V. Gardner Advertising Co.

MOTHER FATHER { 12. Name George Sutter
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Sutter
(b) Address 723 Zeiss Ave.

17. (a) Burial (b) Date thereof 5/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. SS Peter & Paul

18. (a) Signature of funeral director Wacker-Hildebrand
(b) Address 3634 Gravois Ave.

19. (a) 5-20-46 (b) EGM
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Zeiss Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 9 hrs
Chronic myocarditis 5 yrs
Due to Chronic nephritis 5 yrs

Due to 1318

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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) (M. D. or other)
23. Signature J. G. White
Address 1415 Vermont Date signed 3/17/46

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

MAY 29 1946

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.....

Frank J. Hand

Licensed Embalmer No.....

2645

P. O. Address.....

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.