

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3145**

FILED JAN 16 1948 **318**

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **142**

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

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:
CITY HOSPITAL
(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 **MARY K. SUTTMOELLER**
3. (b) If veteran, name war.....
3. (c) Social Security No. **488-01-5013**

4. Sex **FE** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **MARCH 4 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **0**
If less than one day hr. min.

9. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business

12. Name **FREDRICK SUTTMOELLER**

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

14. Maiden name **CAROLINE STRODTMAN**

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

16. (a) Informant **Mrs Elizabeth Brady**

(b) Address **5216 A Paulian Place**

17. (a) **BURIAL** (b) Date thereof **Jan 7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Seminary**

18. (a) Signature of funeral director **E. J. Schumert**

(b) Address **3125 Lafayette St**

19. (a) **JAN 6 1948** (b) Registrar's signature **J. F. Foreman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **0-29**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5216 A PAULIAN PLACE**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**
year **1948** hour **11** minute **20 AM**
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.....
Stroke
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **72d**

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?

While at work?..... (Specify type of place)
or Means of injury.....
23. Signature **Patrick E Taylor** (M.D. or other)
Address **1300 Clark** Date signed **Jan 6 48**

Pauline

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

Joseph Holman

Licensed Embalmer No. *4814*

P. O. Address *3125 Lafayette Ave*

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.