

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 2299 Registrar's No.

310

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>2299</u>			
1. PLACE OF DEATH a. COUNTY <u>1045 SELLS AVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>1045 SELLS AVE</u>		c. LENGTH OF STAY (in this place) <u>9 YRS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>1045 SELLS AVE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME 1045 SELLS AVE</u>				d. STREET ADDRESS (If rural, give location) <u>1045 SELLS AVE</u>					
3. NAME OF DECEASED (Type or Print) <u>FRED.</u>			a. (First)		b. (Middle)		c. (Last) <u>SUTTER</u>		
4. DATE OF DEATH <u>MARCH-11-1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 29-1904</u>	
9. AGE (in years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR LINER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GEO. SUTTER</u>			13b. MOTHER'S MAIDEN NAME <u>KUNI HOFFMAN</u>			14. NAME OF HUSBAND OR WIFE <u>HELEN SUTTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-01-8026</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Sutter</u>				ADDRESS <u>1045 Sells Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary site in</u> DUE TO (c) <u>pyriform sinus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Carcinoma</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>ST. LOUIS</u>		21d. (COUNTY) <u>ST. LOUIS</u>		21e. (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Apr</u> , 19 <u>48</u> , to <u>Mar 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 10</u> , 19 <u>49</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Albert J. Sauer</u>				23b. ADDRESS <u>2363-Halls Ferry</u>				23c. DATE SIGNED <u>3/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>CALVARY W. FLORESSANT MO</u>			
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <u>MAR 13 1949</u>		REGISTERAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich H. Home</u>		ADDRESS <u>8314 HALLS FERRY</u>			

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Elmer R. Sadwell*

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.