No. 300
10.48

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 322333 8312

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4481 Bircher Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) c. (Last) Suttmoeller
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 6 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardwood Finisher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Casper Suttmoeller
13b. MOTHER'S MAIDEN NAME: Katherine Sterner
14. NAME OF HUSBAND OR WIFE: Katie Suttmoeller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-01-4849
17. INFORMANT'S SIGNATURE OR NAME: Katie Suttmoeller ADDRESS: 4481 Bircher Blvd

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Benign hypertrophy of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ~~Heart~~ Arteriosclerosis — 48 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis, generalized. — None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy of prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None.
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) None. (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 9-8- 1949, to 9-26 1949, that I last saw the deceased alive on 9-25- 1949, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE: Andy Hall Jr., M.D. (Degree or title)
23b. ADDRESS: University Club Bldg., St. Louis
23c. DATE SIGNED: 9-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 28-1949
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REGISTRAR: SEP 27 1949
REGISTRAR'S SIGNATURE: J. B. Carter
25. FUNERAL DIRECTOR'S SIGNATURE: Edw Koch and Son. ADDRESS: 3516 N. 14th

(Licensed Embalmer's Statement on Reverse Side)

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

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 Van Seymore

Licensed Embalmer No. 4343

P. O. Address Athens Mo

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.