

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3080**

115

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		a. STATE Missouri	b. COUNTY
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2820 McNair		d. STREET ADDRESS (If rural, give location) 2820 McNair	

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) Reinhardt	c. (Last) Suttmoeller	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1911	9. AGE (In years last birthday) 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman	10b. KIND OF BUSINESS OR INDUSTRY Pauly Jail Works	11. BIRTHPLACE (State or foreign country) ST. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Casper Suttmoeller	13b. MOTHER'S MAIDEN NAME Catherine Plattner	14. NAME OF HUSBAND OR WIFE Leone Suttmoeller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-01-0146	17. INFORMANT'S SIGNATURE OR NAME Leone Suttmoeller	ADDRESS 2820 McNair
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Cardiac Hypertrophy DUE TO (c) Congenital Anomaly of Heart		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 154-47

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Cor 3	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1-6-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus	24d. LOCATION (City, town, or county) (State) ST. Louis, COUNTY
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DATE REC'D BY LOCAL REG. JAN 6 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Witt Bus L. + U.G.	ADDRESS 2929 S. Jefferson
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
D. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No *3741*

P. O. Address *2929 So Jefferson 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.