

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19162

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1091

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY (If outside corporate limits, write RURAL and give township) Spanish Lake 4010	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 1015 Northdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp			
3. NAME OF DECEASED (Type or Print) Mathilda Sutter		4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1956	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 1, 1873	
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland Heights, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ernst Eggesiecker		13b. MOTHER'S MAIDEN NAME Charlotte	
14. NAME OF HUSBAND OR WIFE William Sutter			
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. None	
17. INFORMANT'S SIGNATURE OR NAME William Sutter		ADDRESS 1015-Northdale	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular collapse ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation Interochondral fracture DUE TO (c) right femur (Bone trauma) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age, Generalized arteriosclerosis, Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation. Inoperable risk 4/27/56 E-904/95	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 21 (STATE) Spanish Lake, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 25, 1956 2:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? a fall at home			
22. I hereby certify that I attended the deceased from Dec 11, 1953 , to Apr 26, 1956 , that I last saw the deceased alive on Apr 26, 1956 , and that death occurred at 11 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE William Seibert,		23b. ADDRESS Olive St. Road Creve Coeur, Mo.	
23c. DATE SIGNED 4/30/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-1956	
24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Olivette, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Rombe		ADDRESS 2504 Woodson Rd-Overland-14-Mo.	
DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE Herbert R. Rombe	

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 _____

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 M

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.