

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **36271**
Registrar's No. **9215**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 5601 Nottingham Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Paul	b. (Middle) L.	c. (Last) Sutter	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1956
-------------------------------------	---------------------------	--------------------------	----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min
-----------------------	----------------------------------	--	--	--	---------------------------	-------------------------	-------	-----

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Paul Seidewitz	13b. MOTHER'S MAIDEN NAME Katherine Ehrhardt	14. NAME OF HUSBAND OR WIFE Mary Jane Bochart Sutter
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn McClellan	ADDRESS 5601 Nottingham
--	---	---	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia terminal 3 days			

19a. DATE OF OPERATION 7-27-56	19b. MAJOR FINDINGS OF OPERATION 6 cell tumors - carcinoma in liver	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (COUNTY) (STATE) 1561
--	--	--

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 **12-16, 1956 to 10-9, 1956**, that I last saw the deceased alive on **10-8, 1956**, and that death occurred at **6:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard Street	(Degree or title) MD	23b. ADDRESS 6006 Virginia Ave	23c. DATE SIGNED 10-9-56
---	--------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. OCT 9 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS WACKER-HELDERLE - 3634 Gravois Ave.
---	---	--	---

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

Primary date not known

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.....
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *21*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.