Health, Welfare Public Service

300 3
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

STATE FILE NUMBER 26586

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5251

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 CITY-HOSPITAL — Length of stay in 1b D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN MAPLEWOOD 4534 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 27 7122 BRUNO — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FREDERICK Middle J Last SUTTER
4. DATE OF DEATH Month 6 Day 3 Year 57
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-2-1889
9. AGE (In years last birthday) 67 — 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) LOC. ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY TERMINAL-RAILROAD
11. BIRTHPLACE (City and state or country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME JACOB-SUTTER
14. MOTHER'S MAIDEN NAME IDA-SANDERS
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. UNKNOWN
17. INFORMANT Address ANNA-K-SUTTER-7122 BRUNO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 545, to and last saw her/him alive on
Death occurred at 5 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Kelly Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 6-7-57
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS CO (State) MO

24. FUNERAL DIRECTOR ADDRESS JAY-B-SMITH-MAPLEWOOD 17 MO
25. DATE RECD. BY LOCAL REG. JUN 4 '57
26. REGISTRAR'S SIGNATURE J Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Allen Davis

Licensed Embalmer No. 48

P. O. Address St L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.