

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022983
FILE NUMBER

FILED JUL 14 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 172

Health,
& Welfare
& Public
Service

300
1-56

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence Admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u>		c. CITY OR TOWN <u>ST. LOUIS</u> <u>2199</u> <u>ST. LOUIS</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>3927 W. PINE</u>	
Length of stay in 1b <u>10 MIN.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u></u> Last <u>SAUTER</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 18, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUSIC STUDIO</u>		11. BIRTHPLACE (City and state or country) <u>HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>JOHN SAUTER</u>			14. MOTHER'S MAIDEN NAME <u>VICTORIA HERIEZY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-02-5086</u>		17. INFORMANT <u>JOHN H. SAUTER, DECATUR 1LL</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUICIDE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 HRS</u>
DUE TO (b) <u>SLASHED WRISTS WITH RAZOR BLADE</u>		
DUE TO (c) <u>977X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>SLASHED OWN WRISTS WITH RAZOR BLADE</u>	
20c. TIME OF INJURY Hour <u>12:40</u> Month <u>JULY</u> Day <u>5</u> Year <u>'58</u> P. M. <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOTEL ST. CHARLES (RM 218)</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>ST. CHARLES ST. CHARLES MO</u>

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 2:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Marion Muehler, Coroner</u>	22b. ADDRESS <u>Wentzville mo 630</u>	22c. DATE SIGNED <u>7-5-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>JULY 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CHAPEL OF MEMORIES</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MISSOURI</u>
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24. FUNERAL DIRECTOR <u>C. L. PRINSTER</u>	ADDRESS <u>ST. CHARLES MO</u>	25. DATE RECD. BY LOCAL REG. <u>JULY 7-58</u>	26. REGISTRAR'S SIGNATURE <u>Maude Wilson</u>
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PRINSTER-HUGHES INC. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JUL 14 1958

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 "Body was not Embalmed", Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Howard O. Keeler.....

Licensed Embalmer No. 46.....

P. O. Address Wentzville.....

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.