N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6675

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1750

Township ..... Primary Registration District No. 1013 Registered No. .....

City St. Louis (No. En Route City Hospital # 1 St. ..... Ward)

2. FULL NAME Felix Sucher Sr.

(a) Residence, No. 2138a Allen Ave St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia D. Sucher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo.

FATHER

13. NAME Jacob. Sucher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT (ADDRESS) Sophia Sucher 2138a Allen Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter Pauls. DATE Feb. 24th 1932

19. UNDERTAKER (ADDRESS) Wm Schumacher 2013 Meramec St.

20. FILED FEB 23 1932 19 Max C. Vanderen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1 15/P m.

The principal cause of death and related causes of importance were as follows:

93C

Chronic Myocarditis

93C

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Herby M.D.

(Address) Deputy Coroner

2/22/32