WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

NOV 15 1934

Do not use this space.

File No. 37118

Registered No. 17v

1. PLACE OF DEATH St. Joseph's Hospital

County St. Charles — Registration District No. 757

Township ~~St. Charles~~ — Primary Registration District No. 3036

City St. Charles (No. ..... St. ..... Ward)

2. FULL NAME Julia, Anna, Maria Sunderhuse

(a) Residence, No. 1/2 mile from bus on bottom rd. St. Louis Co. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. — ds. 3 wks. How long in U. S., ~~if of foreign birth~~? 69 yrs. 4 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frederick Sunderhuse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1865

7. AGE: Years 69 — Months 4 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) March 1st 1924

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Mo.

FATHER

13. NAME Henry Schroder

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

MOTHER

15. MAIDEN NAME Johanna Struermer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frederick Sunderhuse 1/2 mile from St Chas. on bottom rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cemetery DATE Oct. 5 1934

19. UNDERTAKER (ADDRESS) Steinbauker Furn. Co. 303 N. Main St. Chas.

20. FILED 10/4 1934 Clarence A. Fischer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to Oct. 2, 1934

I last saw her alive on Oct. 2, 1934 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

	Date of onset
Probable Malignancy	?
D. Colon	?
Senile Asthenia	

Other contributory causes of importance 46

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) J. J. Ruhe, M. D.

(Address) St. Charles, Mo.