

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

Do not use this space.

42571

JAN 16 1935

1. PLACE OF DEATH

County WASCONADE
Township ROARK
City..... (No..... St..... Ward)

Registration District No. 303
Primary Registration District No. 5420

File No. 40
Registered No. 40

2. FULL NAME

ALBERT JOHN SUEDEMEYER

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH SUEDEMEYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-14-1858

7. AGE YEARS 76 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

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

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) 2/29/34 11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN MO

13. NAME CHRISTIAN SUEDEMEYER

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

15. MAIDEN NAME CHRISTINA FRILLMANN

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

17. INFORMANT (ADDRESS) Hugo Suedmeyer Hermann Mo RFD.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. DATE 12-6-1934

19. UNDERTAKER (ADDRESS) Hugo Suedmeyer Hermann Mo

20. FILED 12-5-1934 Anna P. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3rd 1934

22. I HEREBY CERTIFY That I attended deceased from October 9th 1934 to December 3rd 1934. I last saw him alive on December 2nd 1934. Death is said to have occurred on the date stated above, at 1:20 p. m.

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

Cerebral Intoxication (near electrocution value)
HIC

Other contributory causes of importance: Not known

Name of operation None Date of What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no If so, specify (Signed) Johann P. Bach M. D. (Address) Hermann Mo

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.

