

DEC 16 1935

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

Do not use this space.

41213

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. Barnes Hospital) St. _____ Ward _____

File No. _____
Registered No. 10425

2. FULL NAME Eugene William Sulze

(a) Residence, No. 3719 O'Neara St. 15 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Daisy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri13. NAME Louis H. Sulze14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____15. MAIDEN NAME Elizabeth Raybers16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri17. INFORMANT Mrs Daisy Sulze (ADDRESS) 3719 F. Meana Hall18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Dec. 17, 193519. UNDERTAKER C. Hoffmeister N. & L. Co. (ADDRESS) 7814 So. Broadway20. FILED DEC 10 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 8 - 193522. I HEREBY CERTIFY, That I attended deceased from 9 - 21 - 1935 to 12 - 8 - 1935I last saw him alive on 12 - 8 - 1935. Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Subacute Bacterial Endocarditis
Rheumatic Heart Disease
Aortic stenosis
Mitral stenosis
920
Other contributory causes of importance:
Bronchopneumonia
Pulmonary infarction
Terminal

Date of onset
Aug. 1935
1899

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Leo S. Gattiker, M. D.(Address) Barnes Hospital

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.

