JUL 14 1936

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

Do not use this space.

24478

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6095

Township ..... Primary Registration District No. 1003 Registered No. .....

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

2. FULL NAME Clifford Suess

(a) Residence, No. 4562 a Vanrelmann 15 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 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 Mary Norris Suess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1908

7. AGE 0 — YEARS 27 — MONTHS 6 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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. Louis Mo

FATHER

13. NAME Jacob Suess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Emma Pariso

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Mary Suess 4562 a Vanrelmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset-Burial Park DATE June 15 1936

19. UNDERTAKER (ADDRESS) Wm J Robert L Co 1905 S. Grand Blvd

20. FILED JUN 15 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

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 3:30 p.m.

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

	Date of onset
Fracture of Skull	
Laceration of Brain received when an auto truck driven by the deceased struck another auto	

Other contributory causes of importance:

in St. Louis, Mo

Accident

194 b

210 m

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? Accid. Date of injury 6/11, 1936

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

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

Manner of injury Collision between two autos

Nature of injury Fracture of Skull

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

If so, specify Deceased was a Chauffeur

(Signed) Harold [illegible], M.D.

(Address) Dr. [illegible]

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 100M-3-28-35