

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

33734
 Do not use this space.

1938 NOV 16 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **8720**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

D.O.B. 1992 *2-6-7* **John Suess**

2. PRINT FULL NAME

(a) Residence, No. **Muny Lodging House**
 (Usual place of abode, and street address, or name of city) **St. Louis** (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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28, 1885**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **carpenter**
 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, Missouri**

FATHER 13. NAME **John Suess**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Anna Six**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter + Paul** DATE **10-7** 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **With Bros. L & U.G. 2929 S. Jefferson Av.**

20. FILED **OCT 6 1938** **J. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/4/38**, 19

22. I HEREBY CERTIFY, That I attended, deceased from **5/11/38** **10/4/38**, 19
 him on **10/4/38**, 19. Death is said to have occurred on the date stated above, at **6.20 p** m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon sigmoid
Embolism of brain
 Date of onset

Other contributory causes of importance:
Abscess of peritoneal cavity

Name of operation *Explanatory of Colon* Date of **5-11-38**
 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 **Albert H. Kause** M. D.
 (Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Paul C. Shanklin

or by

Registered Apprentice No., working under my personal supervision.

Signed *Paul C. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *4111 Fillmore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If, this body is not embalmed, above space should be left blank.